

HTE# 12-5-282557

Harnett County Department of Public Health

PERMIT # 26822

Operation Permit

22257

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: SR1703 Red Hill Ct RD

Name: (owner) Ella Mclean SUBDIVISION CSD LOT # 7

System Installer: Mike Ray Registration # _____

Basement with plumbing: Garage Number of Bedrooms 4

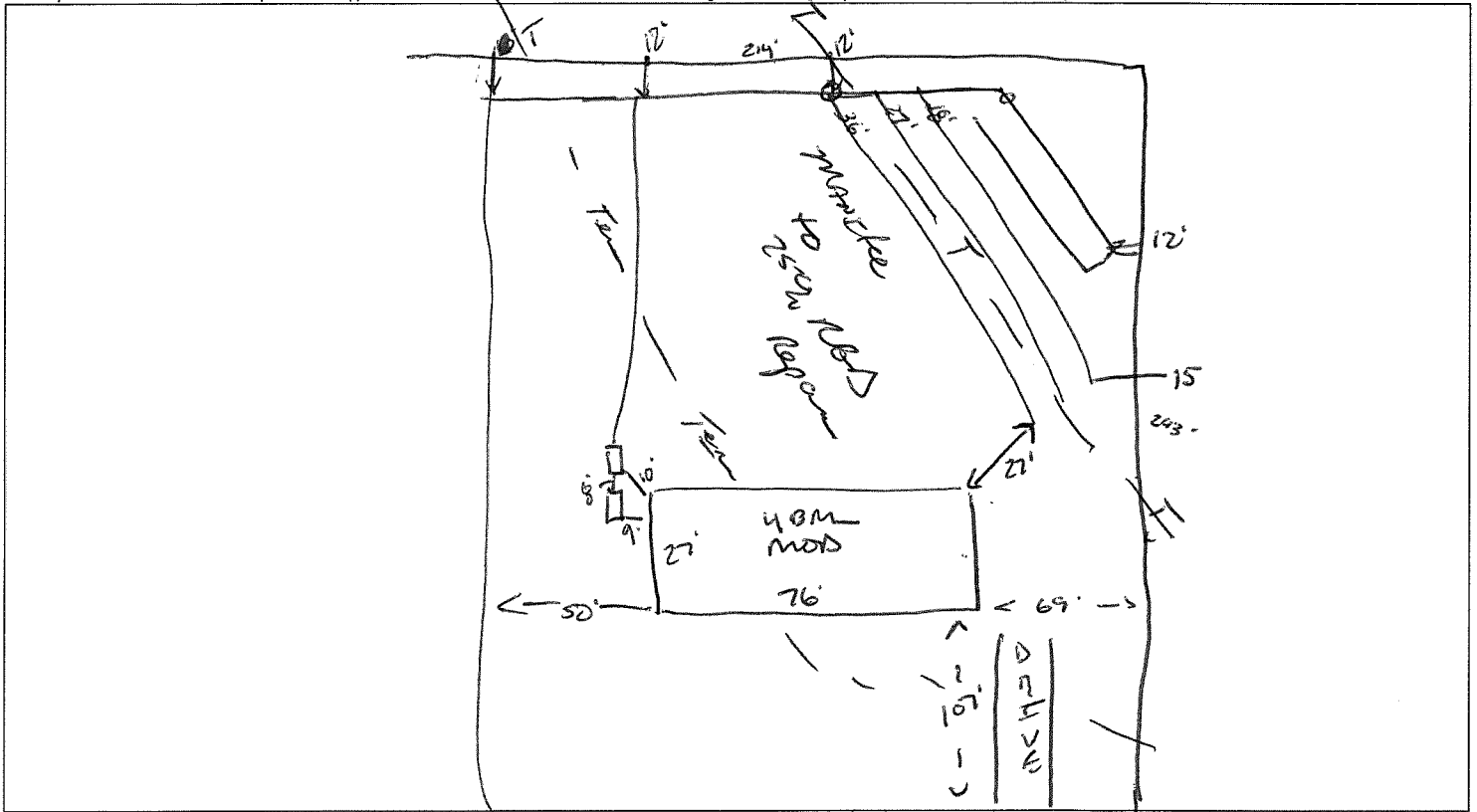
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: Manhole to 25% Reduction System Type III B Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: As required by Rule .1961. Other: _____

Subsurface system operator required? Yes No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other 25% Reduction System Type III B E2Lay Septic Tank: 1200 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 90 feet width of ditches 3 feet depth of ditches 24-18 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Marshall III REWS

Date 5-16-12