HTE# 14-5-33319

Authorized State Agent

Harnett County Department of Public Health

23318 PERMIT # 27636 **Operation Permit** New Installation 🗵 Septic Tank 💢 Nitrification Line 🗆 Repair 🗆 Expansion PROPERTY LOCATION: KRAMER RO Name: (owner) MOLLY HAYDEN SUBDIVISION _____ LOT # _____ Registration # System Installer: Day CARRY Basement with plumbing:
Garage
Number of Bedrooms Type of Water Supply:

Community Public

Well Distance from well 53 feet System Type: _ 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. 150 WE 52 -HOUSE PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. Monitoring: II. 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: ٧. Other: D-Box Pump 🗆 Alarm □ H20Line □ Following are the specifications for the sewage disposal system on the above captioned property. & Other LHAMBER (QHT) Type of system:

Conventional Septic Tank: 1250 gallons Pump Tank: Subsurface exact length width of depth of ditches _24 of each ditch 400 feet Drainage Field ditches ditches _ French Drain Required: Linear feet