

HTE# 06-5-15974R

Harnett County Department of Public Health 19074

PERMIT # 23328

Operation Permit

- New Installation
 Septic Tank
 Repair
 Nitrification Line
 Expansion

PROPERTY LOCATION: SR 1429 Chalkbeats RD

Name: (owner) ATKINS PLACE LLC

SUBDIVISION DEXTERFIELD

LOT # 24

System Installer: MIKE RAY

Registration #

Basement with plumbing: Garage Number of Bedrooms 3

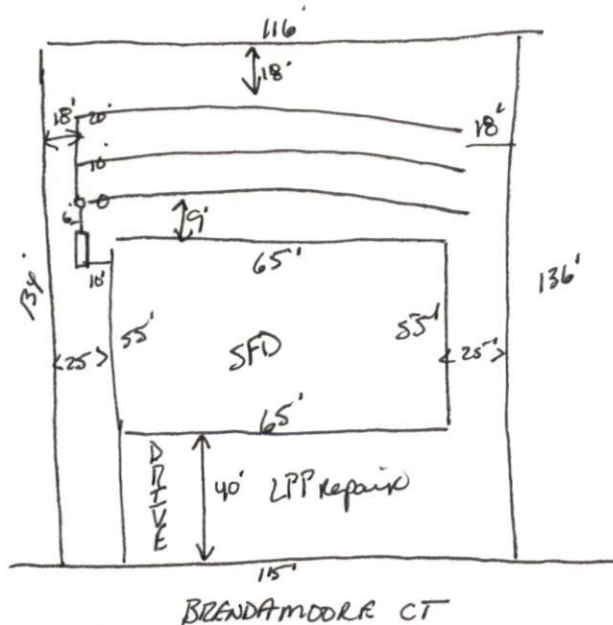
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% REDUCTION SYSTEM Type III G 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: _____

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

Type of system: Conventional Other 25% REDUCTION SYSTEM Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 80 feet ditches 3 feet ditches 30-18 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Markham Jones

Date 1-24-07