

HTE# 06-500 15988

## Harnett County Department of Public Health 19215

PERMIT # 23437

## Operation Permit

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ Expansion

PROPERTY LOCATION: 1125

Name: (owner) CAVINESS

SUBDIVISION FOREST OAKS

LOT # 90

System Installer: DCCARTR

Registration #

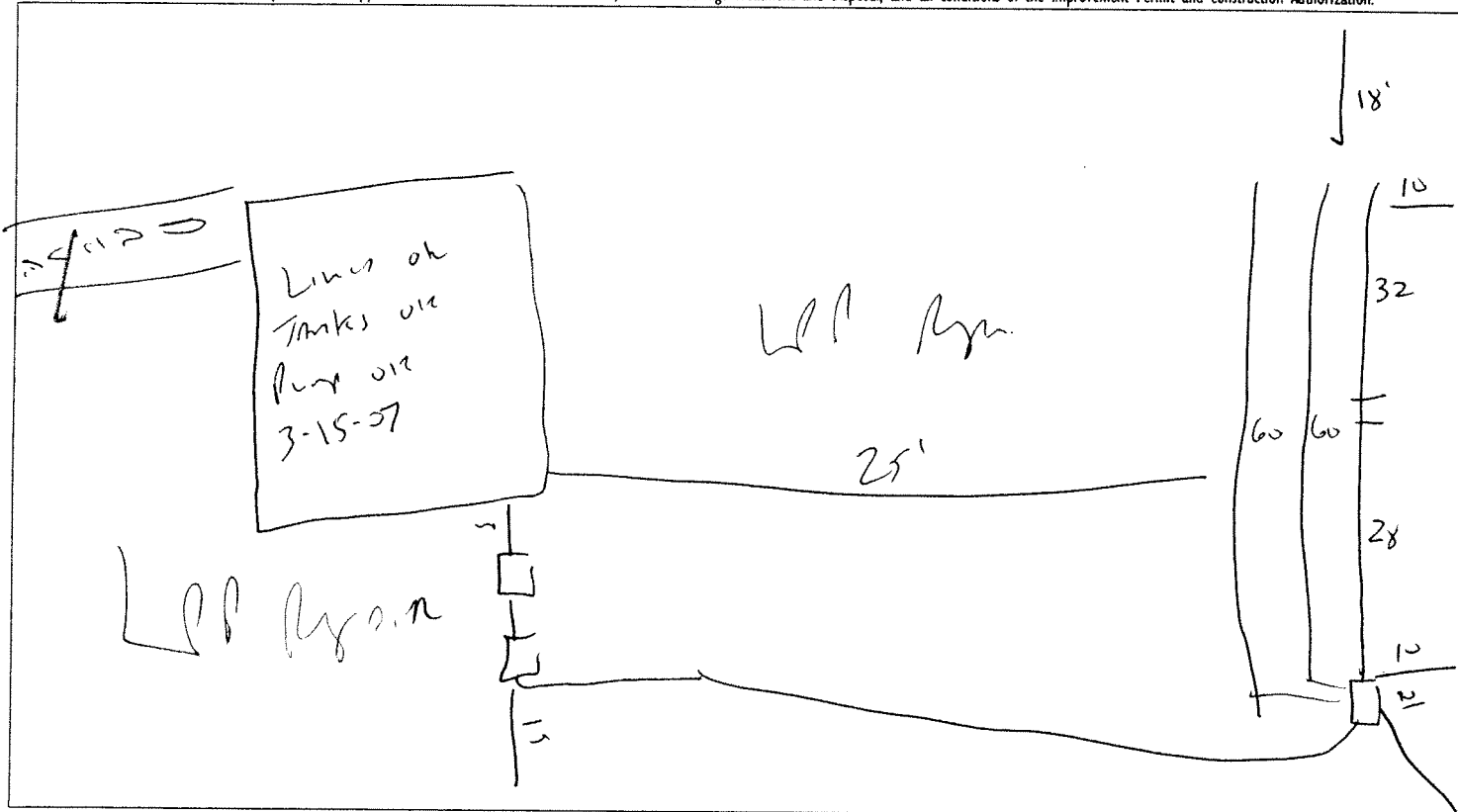
Basement with plumbing: ☐ Garage ☒ Number of BedroomsType of Water Supply: ☐ Community ☐ Public ☐ Well Distance from well feet

System Type: Infiltrator Quick 4 119 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 Quick 4 Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallonsSubsurface No. of exact length width of depth of  
Drainage Field ditches 3 of each ditch 60 feet ditches 3 feet ditches 18-24 inches

French Drain Required: Linear feet

Authorized State Agent J. W. H. H.

Date 3-22-07