

HTE# 07-5-16542

Harnett County Department of Public Health 19225

PERMIT # 24045

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: SR 1440 James Woods

Name: (owner) IOM DEVELOPERS INC SUBDIVISION Autumn Forest LOT # 1

System Installer: Freddy Starnes Registration # _____

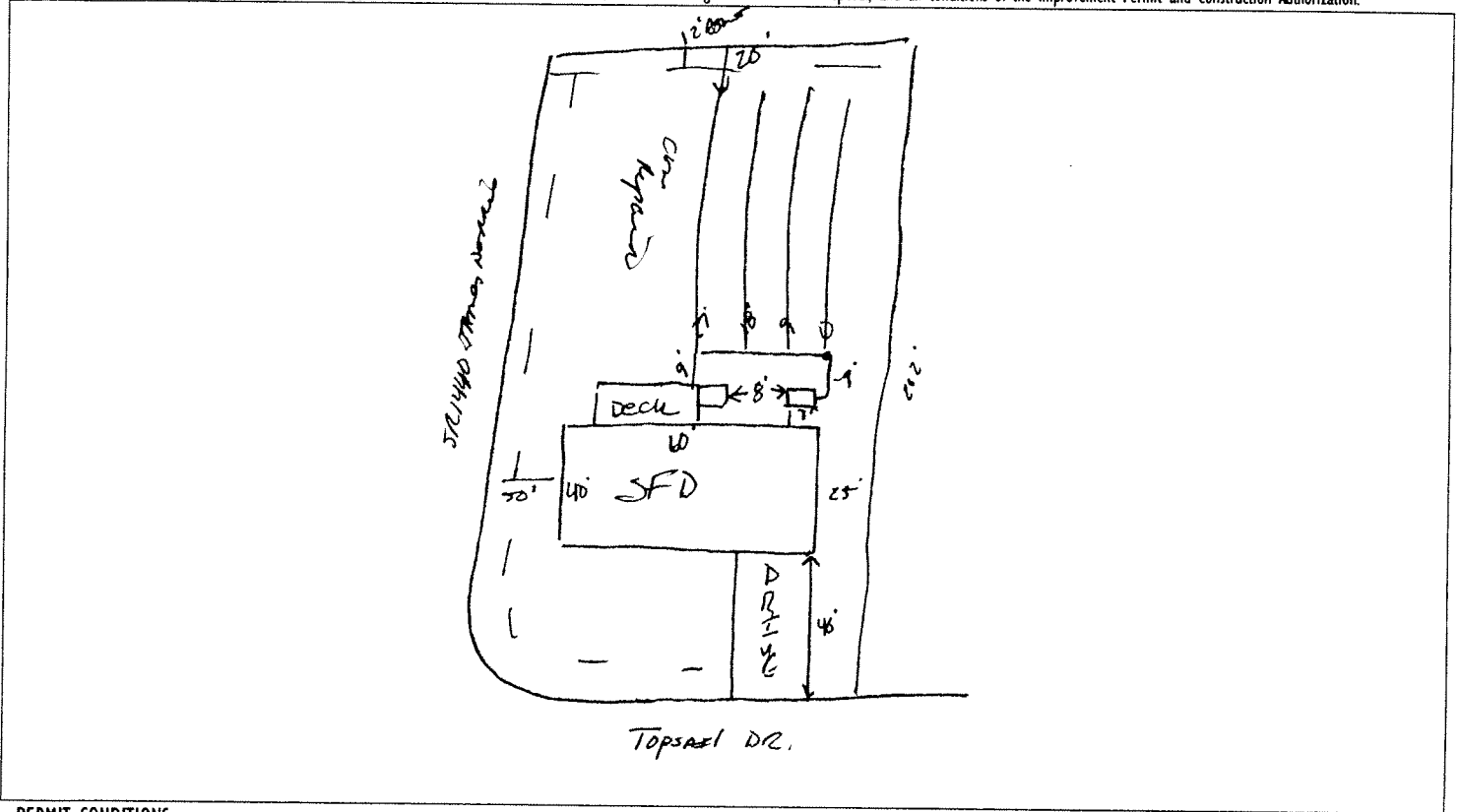
Basement with plumbing: Garage Number of Bedrooms 3

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

System Type: 1.5% 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 1.5% REDUCTION SYSTEM Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 75 feet width of ditches 3 feet depth of ditches 24 inches

French Drain Required: - Linear feet

Authorized State Agent James E. Markham Date 4-13-67