HTE# 07-5-16744RCC

Harnett County Department of Public Health 19665

PERMIT # 24096

Operation Permit

| New Installation ≥ Septic Tank □ | Repair Nitrification Line Expansion |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| PROPERTY LOCATION: LEMEUL & | |
| Name: (owner) Homell Edwards SUBDIVISION GATEWEST | LOT # <u>19</u> |
| System Installer: OT13 STOICKLAND Registration # | |
| Basement with plumbing: Garage Number of Bedrooms 3 | |
| Type of Water Supply: Community 🖼 Public 🗆 Well Distance from well <u>108</u> feet | |
| System Type:Types V and VI Systems expire | |
| (In accordance with Table V a) Owner must contact Health Department 6 months pr | ior to expiration for permit renewal. |
| This system has been installed in compliance with applicable Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of | f the Improvement Permit and Construction Authorization. |
| PURP 100 100 100 100 100 100 100 100 100 10 | |
| PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. Other: Subsurface system operator required? Yes \(\square \) No \(\square \) 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 POLYSSYRENE AGG, TOENCY Size of tank: Septic Tank: 100 | , , |
| Subsurface No. of exact length width of | depth of |
| Drainage Field ditches 1 of each ditch 300 feet ditches 3 French Drain Required:linear feet | feet ditches <u>12</u> inches |
| French Drain Required:Linear feet | |
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| Authorized State Agent Date | 12/21/07 |
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