24800 Harnett County Department of Public Health HTE# 07-5-69662PP Operation Permit PERMIT # 29620 New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: SUSTES SILAS HAYES RD STANCEL BURGLES INZ Name: (owner) SUBDIVISION Howkers Pount System Installer: JANCEL Bldg INC Registration # Basement with plumbing:
Garage
Wumber of Bedrooms Type of Water Supply:

Community Distance from well _ System Type: Kup to 28 De Red System Type BB ___ 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: System shall perform in accordance with Rule .1961. ١. Performance: 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: ٧. Other: D-Box Pump Alarm \square H20Line □ **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Type of system:

Conventional Other P-Septic Tank: _ gallons Pump Tank: 1000) gallons Subsurface No. of exact length depth of Drainage Field of each ditch ditches ditches

French Drain Required: Linear feet 4-12-18 Authorized State Agent