HTE# 07-5-18447 07-5-18447 O7-5-184447 Harnett County Department of Public Health 19969 **Operation Permit** PERMIT # 24132 Mew Installation 🗵 Septic Tank 🗆 Repair 🗷 Nitrification Line 🗀 Expansion PROPERTY LOCATION: WAGE STEPHENSON Name: (owner) QUEST DEV. / KETH' AMY JOHNSON SUBDIVISION FIELDS TONE LOT # \ግ Registration # System Installer: Basement with plumbing: Garage

Number of Bedrooms Type of Water Supply:

Community

Public

Well Distance from well System Type: ____ 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. PONO HOUSE PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. **Monitoring:** II. 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: WHERLINE CHECKED ON 5/21/0. EVIDENCE OF FREQUENT VEHICLE TRAFFIC OVER DRAINFLEED Other: Following are the specifications for the sewage disposal system on the above captioned property. & Other Pumi To EZFLOW Type of system: Conventional Size of tank: Septic Tank: 1600 ___ gallons Pump Tank: <u>\000</u> gallons Subsurface No. of exact length width of depth of of each ditch 80 feet ditches __20 Drainage Field ditches ditches inches French Drain Required: 5/22/08 Authorized State Agent Date