HTE#07-5-1883212

## Harnett County Department of Public Health

20191

| PERMIT | # | 24507 |
|--------|---|-------|
|--------|---|-------|

Operation Permit

| ,  | New Installation Septic Tank  Repair  Nitrification Line  Expansion  |
|--|--|
| Name: (owner) Ram DEVELOGMENT  | PROPERTY LOCATION:   |
| System Installer: James Sparic Sparic  | SUBDIVISION CAROLINA DAKS LOT # 3) Registration #  |
| Basement with plumbing:   Garage Number of Bedrooms  | 3 negistration #   |
| Type of Water Supply:  Community Public Well   | Distance from well 100 feet  |
| 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 Sta          | tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. |
|  | 100  |
|  | 30   |
|  | OCOINACE EDSEMENT  |
|  | 15' SERACK   |
|  |  |
|  | PANEZ  |
|  | BLOCK  |
|  | REPAIR   |
|  | MEA 180  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | 4245 52×32   |
|  | F 24-> 25 × 82   |
|  |  |
|  | 0 1 10   |
|  | As 3. 101  |
|  | Y Y  |
|  |  |
| 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:  | <u> </u>   |
| Subsurface system operator required? Yes 🔲 N<br>If yes, see attached sheet for additional operat |  |
| IV. Operation:   | on conditions, maintenance and reporting.  |
| V. Other:  |  |
| Following are the specifications for the sewage disposal system on the                           | shove cantioned property   |
| Type of system:  Conventional  Other CHAMBER   | anove capuloned property.  Septic Tank: —\000 gallons Pump Tank: gallons   |
| Subsurface No. of exact lengt  |  |
| Designation Field Profession Field   |  |
| French Drain Required: Linear eet  |  |
|  |  |
| Authorized State Agent   | Date 7/8/04  |
|  |  |