HTE# 07-5-19051

## Harnett County Department of Public nealth 19859

| PERMIT # 24429 Operation Permit   |
|---|
| New Installation Septic Tank Repair Nitrification Line Expansion  |
| PROPERTY LOCATION: 5121484 JOIHUSON RD  |
| Name: (owner) STKPHENSON Suites SUBDIVISION TONDS FARENS LOT # 24   |
| System Installer: Thy Advocts Registration #  |
| Basement with plumbing: Garage Anderson Bedrooms  |
| Type of Water Supply:   Community Public   Well Distance from well feet   |
| System Type: USYO REDICTOR System Type III & AZUN 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 Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.   |
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| 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 sawage disposal system on the above specifical   |
| Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:   Conventional Other 25% REDUCTOD Sasting—Size of tank: Septic Tank: 1000 gallons Pump Tank: gallon |
| Subsurface No of exact length width of death of   |
| Drainage Field ditches feet ditches feet ditches feet ditches inches  |
| French Drain Required: Linear feet  |
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| Authorized State Agent omes & Marshant Date 2-28-08   |