

HTE# 08-500-19289RR
PERMIT # 24764

Harnett County Department of Public Health

20373

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

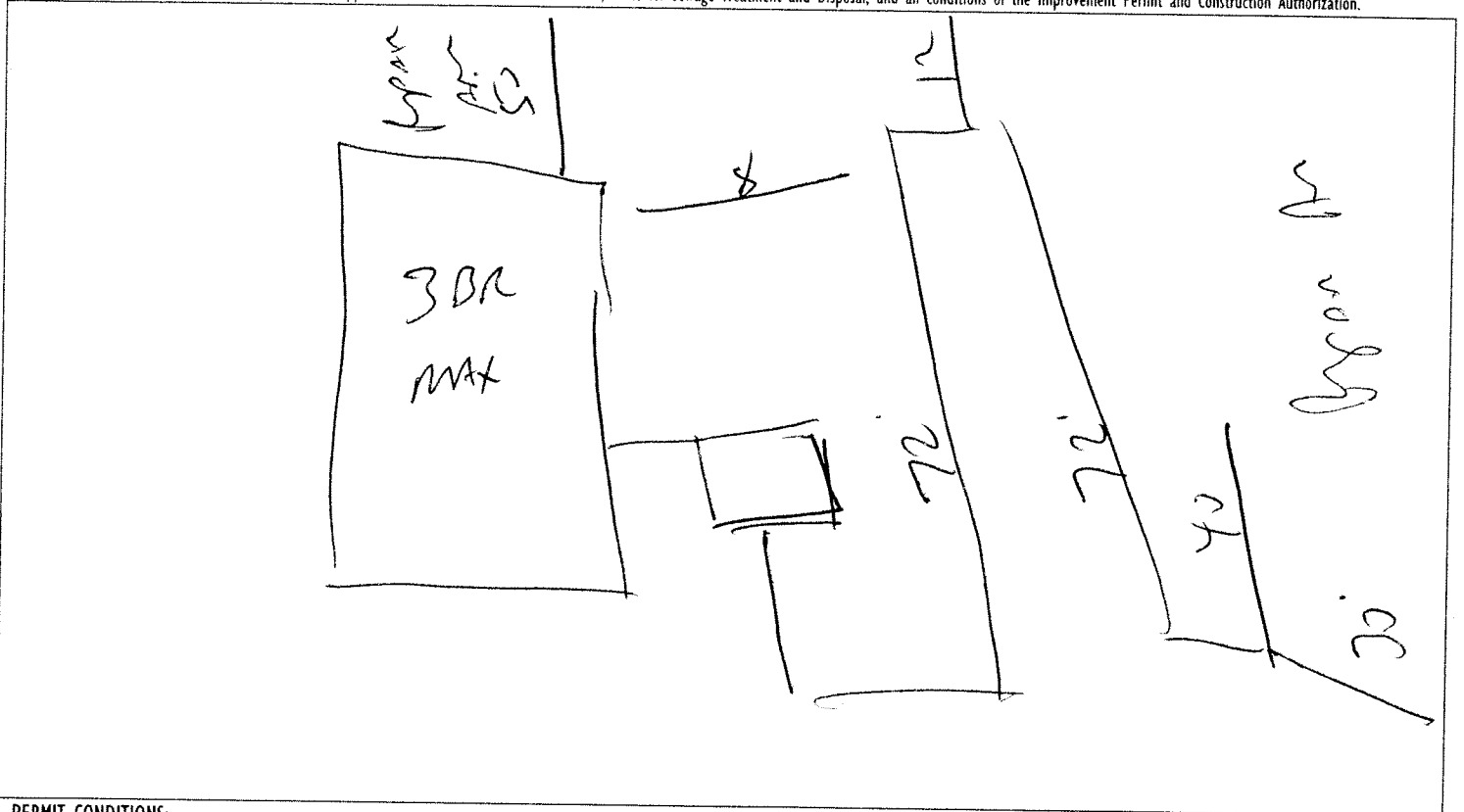
Name: (owner) CAUNES
System Installer: DC Carter Registration # _____
PROPERTY LOCATION: 1125
SUBDIVISION FOREST OAKS LOT # 111

Basement with plumbing: Garage Number of Bedrooms _____
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: Quick 4 III G 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:

- 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 sewage disposal system on the above captioned property.

Type of system: Conventional Other Quick 4 Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 180' feet ditches 3 feet ditches 18.24 inches
French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 09-16-08