

HTE# 08-500-19291RR

Harnett County Department of Public Health

20263

PERMIT # 24759

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: 1139

Name: (owner) CAUNON Land

SUBDIVISION FOREST OAKS

LOT # 144

System Installer: DC CARTER

Registration # _____

Basement with plumbing: Garage Number of Bedrooms ~~3~~ 3

Type of Water Supply: Community Public Well Distance from well 100 feet

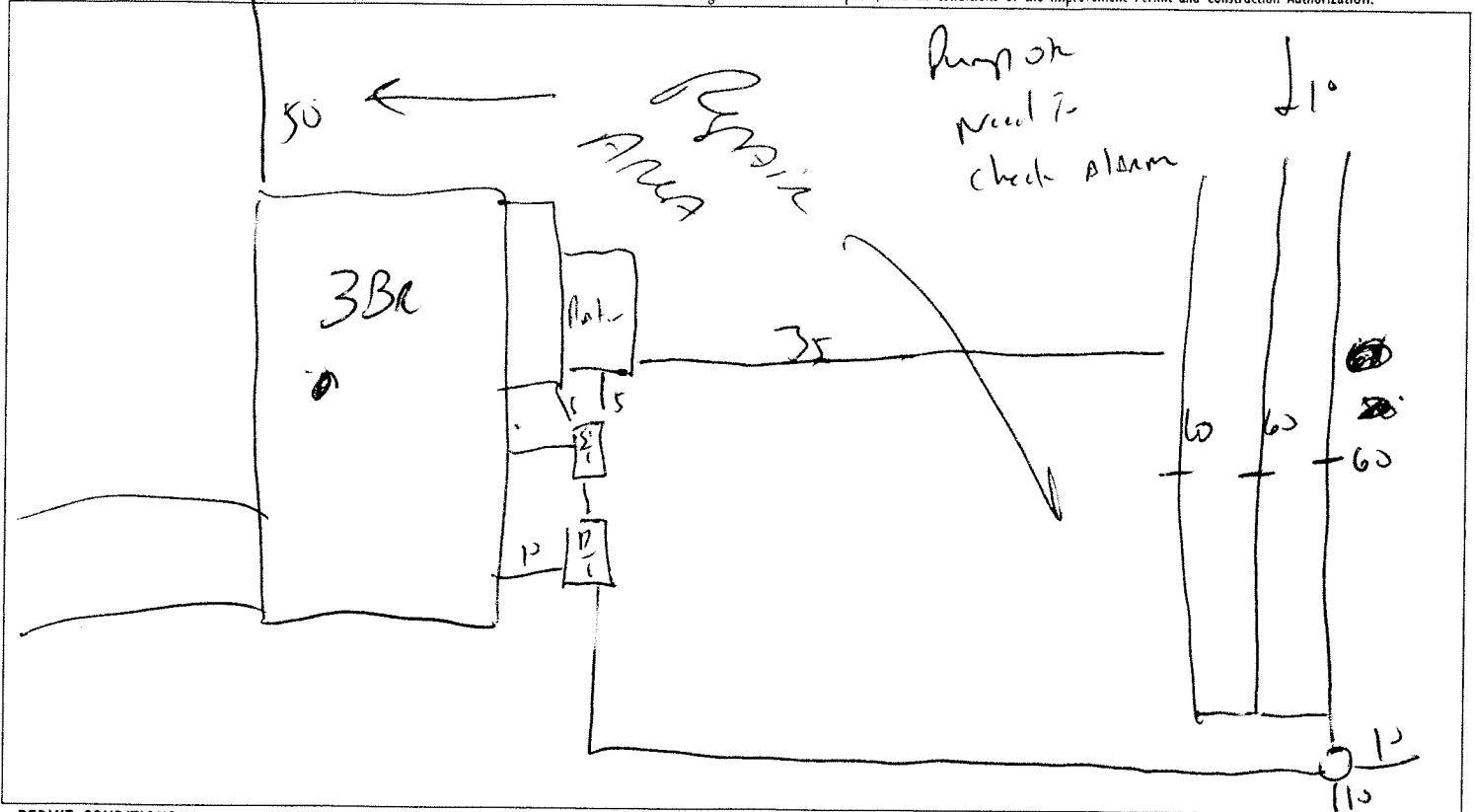
System Type: Quick 4 HSH Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

House has only 3 Br
By my walk thru count

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: 600 gallons
 Subsurface No. of 8 exact length width of drainage field ditches 1 of each ditch 180 feet ditches 3 feet depth of ditches 18.24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent Joe Wiles Date 9-30-08