

HTE# 08 500-19294RRR

Harnett County Department of Public Health

20508

PERMIT # 25084

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

Name: (owner) Caviness Land PROPERTY LOCATION: 1125
System Installer: DC Carter SUBDIVISION FOREST OAKS LOT # 147

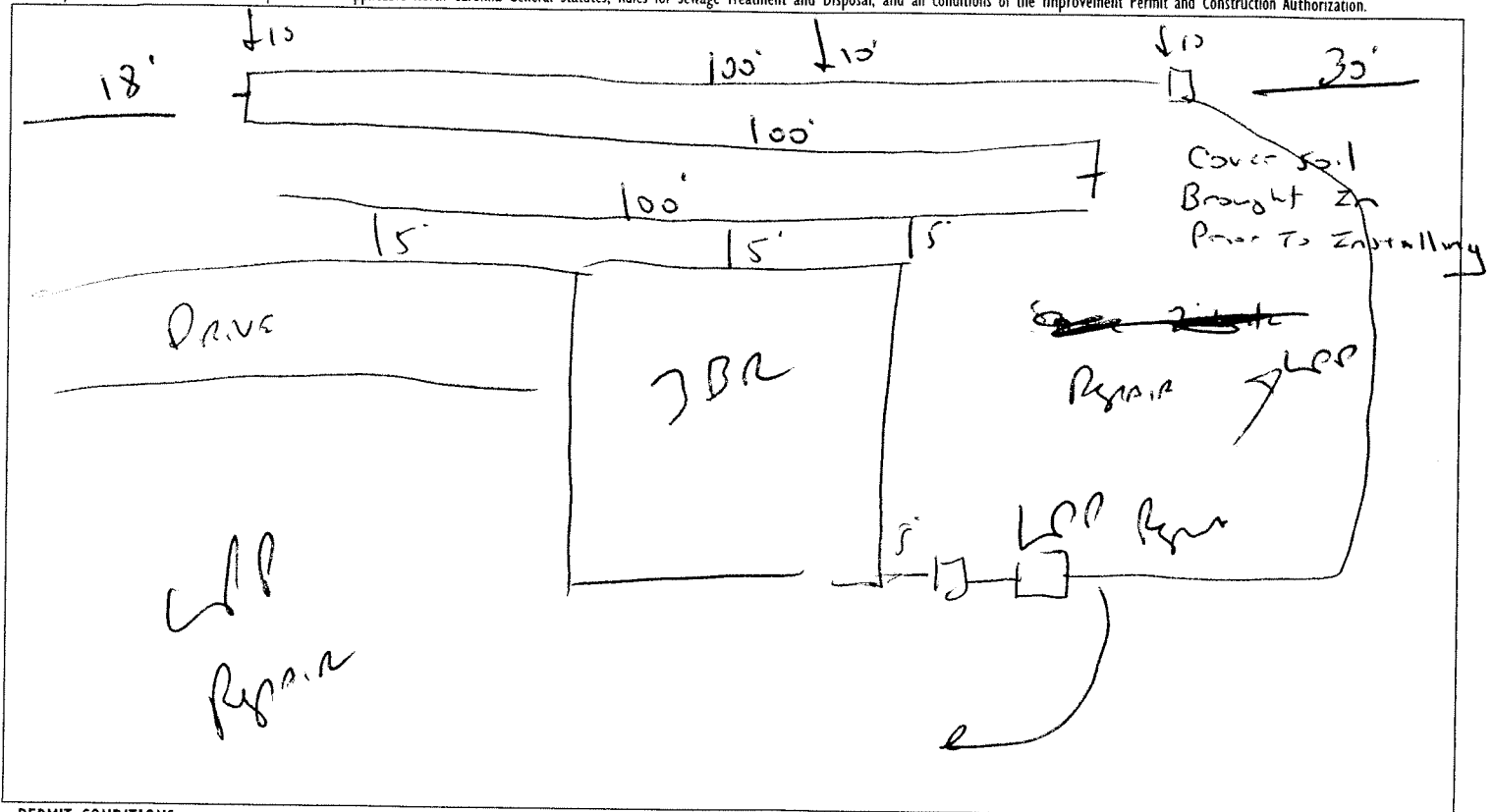
Basement with plumbing: Garage Number of Bedrooms _____
Registration # _____

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

System Type: Pump to 2 wide chamber TIIb 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 Pump to 2 wide chamber Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface No. of _____ exact length _____ width of _____ depth of 12
 Drainage Field ditches 1 of each ditch 300 feet ditches 2 feet ditches 12 inches
 French Drain Required: _____ Linear feet Cover Soil Brought In

Authorized State Agent Ju Lyles Date 2-24-09