HTE# 08-5-20138

Authorized State Agent

Harnett County Department of Public Health

20337

Operation Permit PERMIT # 24904 📈 New Installation 🖂 Septic Tank 🗆 Repair 🖄 Nitrification Line 🗀 Expansion PROPERTY LOCATION: Name: (owner) RAM DEVELORMENT SUBDIVISION CAROLINA DAKS LOT # 13 MAYNE System Installer: Registration # Garage Number of Bedrooms Basement with plumbing: X Public Well Type of Water Supply:

Community Distance from well 100 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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. 15 SETBACK 48/257 PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. 111. Maintenance: As required by Rule .1961. Other: _ Subsurface system operator required? Yes \(\square\) No \(\square\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Following are the specifications for the sewage disposal system on the above captioned property. Type of system: X Conventional Other Septic Tank: 1000 gallons Pump Tank: _____ gallons Subsurface No. of exact length width of depth of of each ditch ユフロ Drainage Field French Drain Required: