HTE# 08 500-20735R

Harnett County Department of Public Health

20477

PERMIT # 24978

Operation Permit

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ Expansion

PROPERTY LOCATION: LAWRENCE M

Name: (owner) David Taylor SUBDIVISION Elsie Buchanan LOT # ____ To Be Lot 5

System Installer: Mike Ray Registration # ____

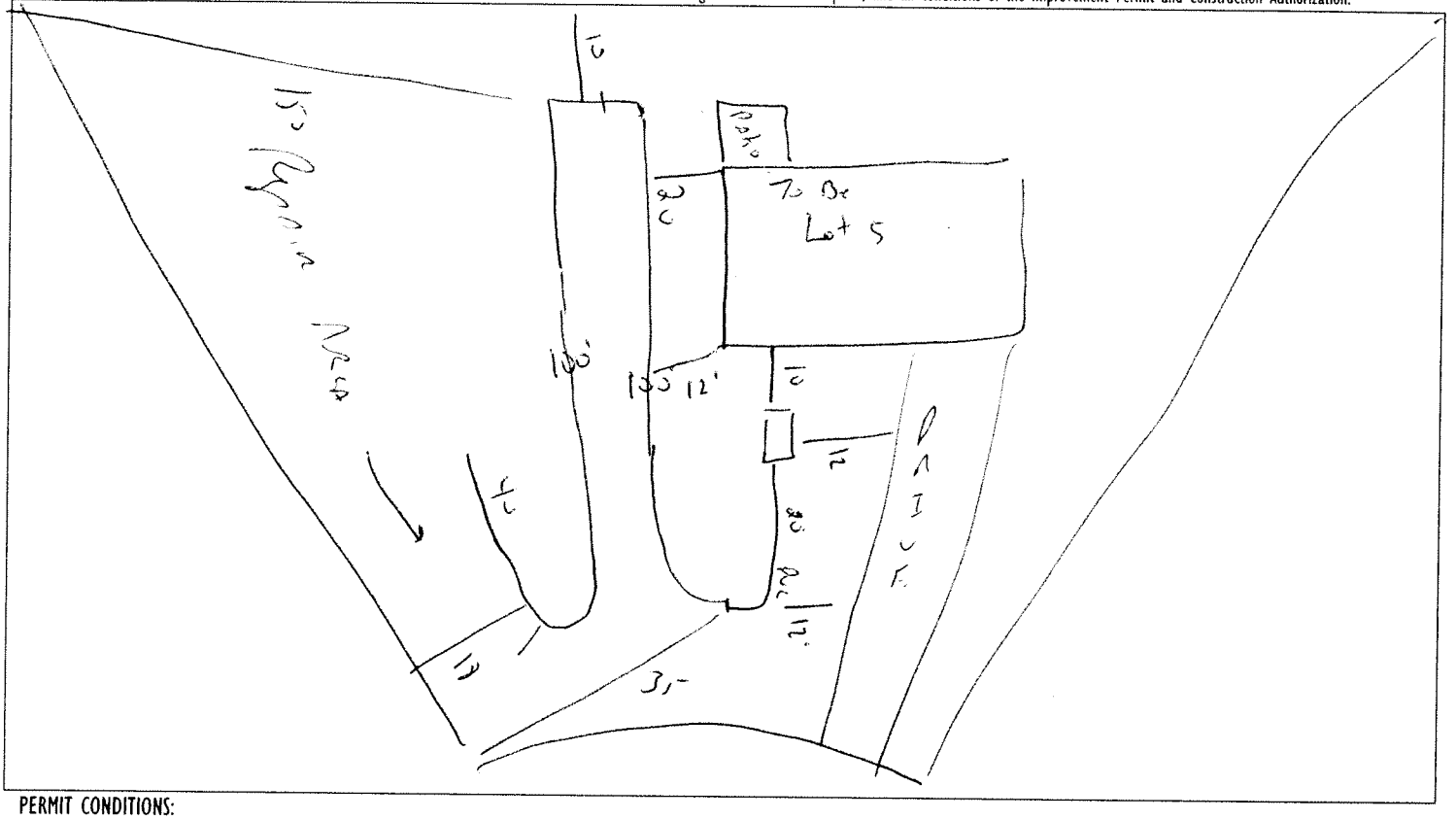
Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 4

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

System Type: E-2 Flow 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 E-2 Flow Septic Tank: 1000 gallons Pump Tank: ____ gallons

Subsurface Drainage Field: No. of ditches 1; exact length of each ditch 240 feet; width of ditches 3 feet; depth of ditches 18-21 inches

French Drain Required: ____ Linear feet

Authorized State Agent: [signature] Date 11-12-08