

HTE# 08-500-21336A

# Harnett County Department of Public Health

20724

PERMIT # 23593

## Operation Permit

New Installation  Septic Tank  Repair  Nitrification Line  Expansion

PROPERTY LOCATION: 1125

Name: (owner) CAVINESS

SUBDIVISION FOREST OAKS

LOT # 124

System Installer: DC CARTER

Registration # \_\_\_\_\_

Basement with plumbing:  Garage  Number of Bedrooms 3 max

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

System Type: Quality 4

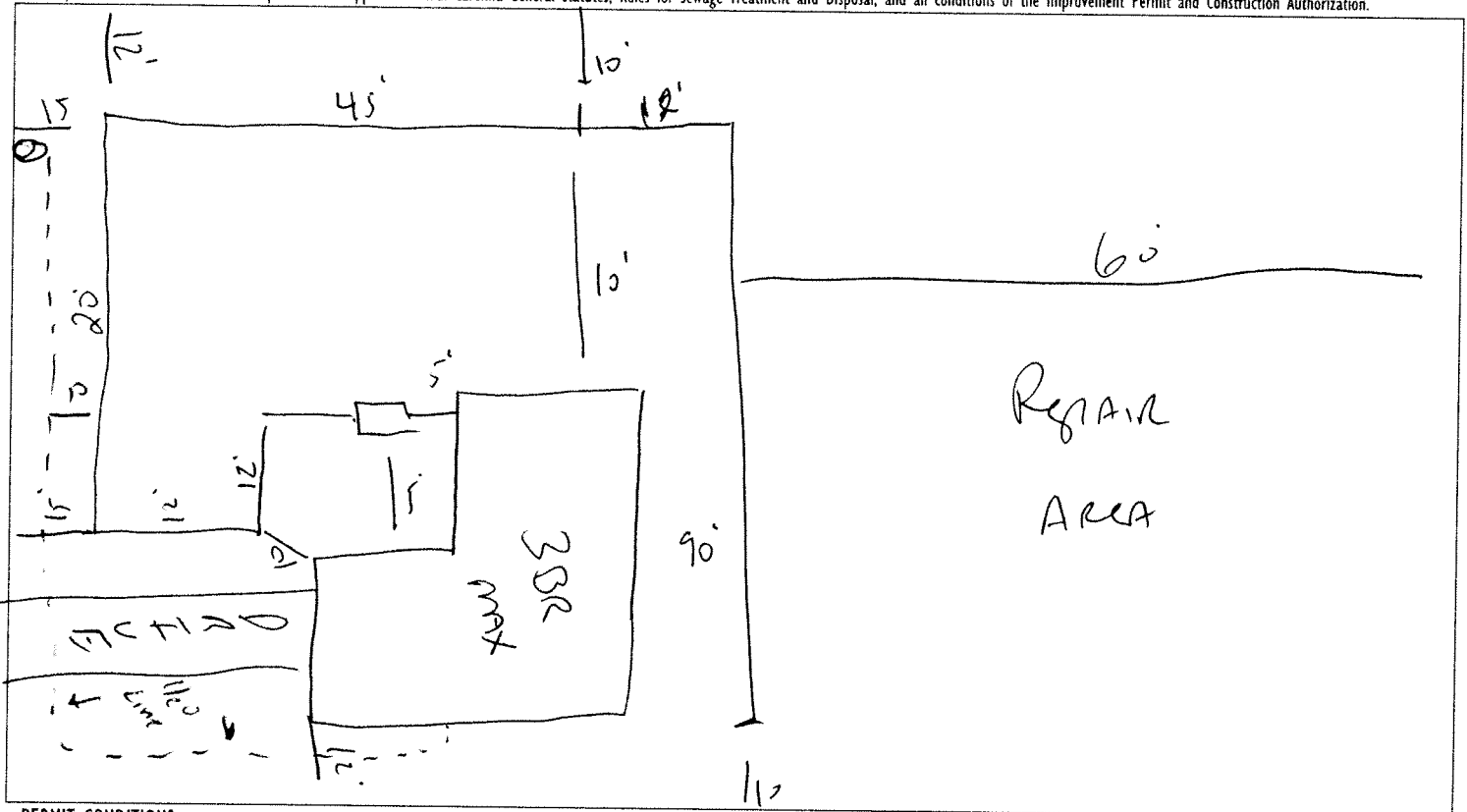
III

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 Quality 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 18-24 feet ditches 18-24 inches  
 French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent Qu WARS Date 07-28-09