

HTE# 09-500-21672

Harnett County Department of Public Health

20742

PERMIT # 25367

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

Name: (owner) H9H PROPERTY LOCATION: 1125
SUBDIVISION Foxcroft Oaks LOT # 168

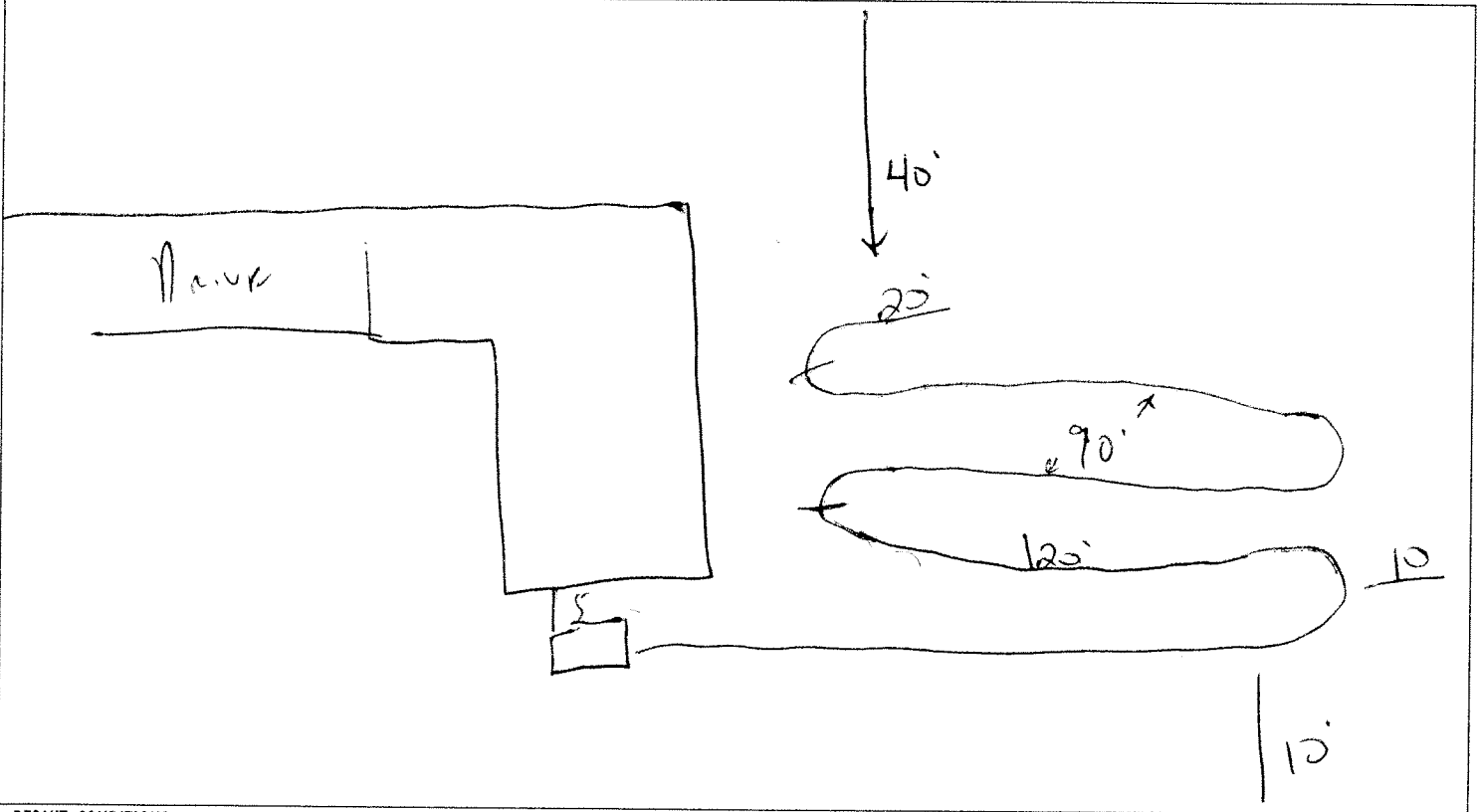
System Installer: O. Strickland Registration # _____

Basement with plumbing: Garage Number of Bedrooms _____
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: E-2 Flow DI 8 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 No. of 1 exact length 230 width of 3 depth of 18
 Drainage Field ditches _____ of each ditch _____ feet ditches _____ feet ditches _____ inches
 French Drain Required: _____ Linear feet

Authorized State Agent A. W. Abel Date 06-03-09