

HTE# 09-5-22648

Harnett County Department of Public Health

21283

PERMIT # 25602

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: Wade Stephenson Rd

Name: (owner) Marcos & Susan Alkire

SUBDIVISION Little Tree Inv.

LOT # 2

System Installer: Senter Curran

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

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

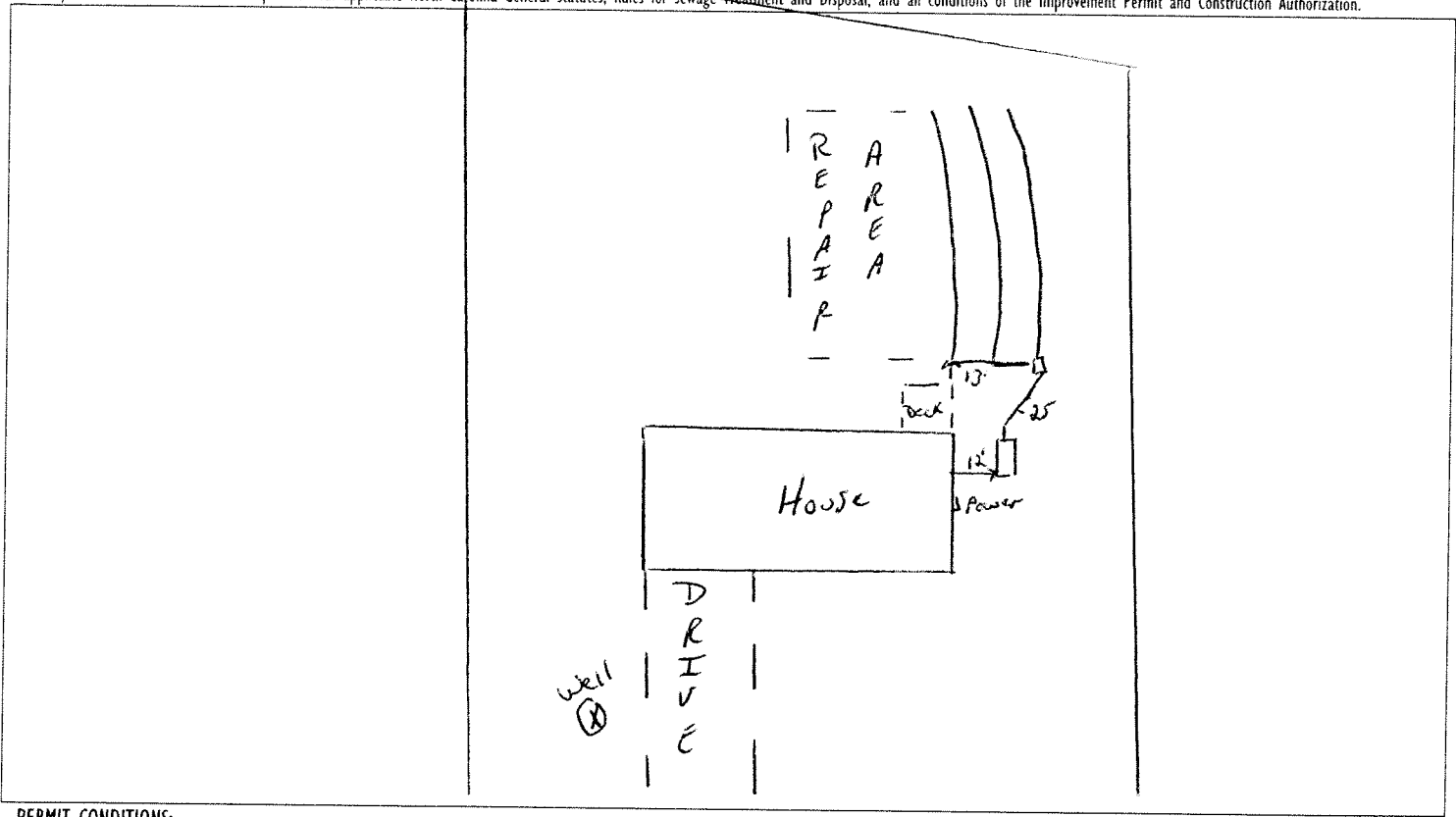
System Type: III G

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 E2 Flow Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of Line 1 2 2 6'
 Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches Line 3 36-18 inches
 French Drain Required: _____ Linear feet

Authorized State Agent

Suzanne McLean REHS

Date 3/25/2010