HTE# <u>1)-5-26922</u> RQ Harnett County Department of Public Health	
PERMIT # 26653 Operation Permit 22541	
🗙 New Installation 🖄 Septic Tank 🖄 Nitrification Line 🗆 Repair 🗆 Expansion	
Name: (owner) DR HOGSON SUBDIVISION STONECROSS LOT # 103	
Name: (owner) DR Harren N SUBDIVISION Standards LOT # 103 System Installer: JASON Matthews Registration #	
Basement with plumbing: 🗆 Garage 🔀, Number of Bedrooms	
Type of Water Supply: 🗆 Community 🖾 Public 🗆 Well Distance from well <u>100</u> feet System Type: TII 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.	
103	
HOUSE	
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STONEHURST DQ	
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.	
17. Operation.	
V. Other:	no
	ne
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: 🗆 Conventional 🗙 Other <u>EZFLOW</u> gallons Pump Tank: gallons	ŝ
Subsurface No. of exact length width of depth of	
Drainage Field ditches 1 of each ditch 120 teet ditches 2 feet ditches 10-27 inches	
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Authorized State Agent Date 5213	-