Harnett County Department of Public Health HTE#_//-5-27422 **Operation Permit** PERMIT # 26645 22044 PROPERTY LOCATION: Will Lucar Rd. SUBDIVISION _ weet water LOT # 66 System Installer: AAA Automotive _____ Registration # _____ Basement with plumbing: Garage

Number of Bedrooms Type of Water Supply: 🗆 Community 🖃 Public 🗆 Well Distance from well ____ System Type: _____ __ 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. 115-4 PERMIT CONDITIONS: 1. System shall perform in accordance with Rule .1961. Performance: II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes I No I If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: □ ______ Pump □ ______ Alarm □ _____ H20Line □ ___ D-Box Following are the specifications for the sewage disposal system on the above captioned property. DOther Quicky Chamber _ Septic Tank: __/ @ @ ___ gallons Pump Tank: Type of system:

Conventional Subsurface No. of exact length width of depth of of each ditch $\mathcal{E}\mathcal{O}$ feet Drainage Field French Drain Required: Linear feet

Authorized State Agent