

HTE# 11-5-2793612

Harnett County Department of Public Health

PERMIT # 26809

Operation Permit

22267

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: SAL1707 NEIGHBORS RD

Name: (owner) Robbie Pope SUBDIVISION _____ LOT # _____

System Installer: MRS STRICKLAND Registration # _____

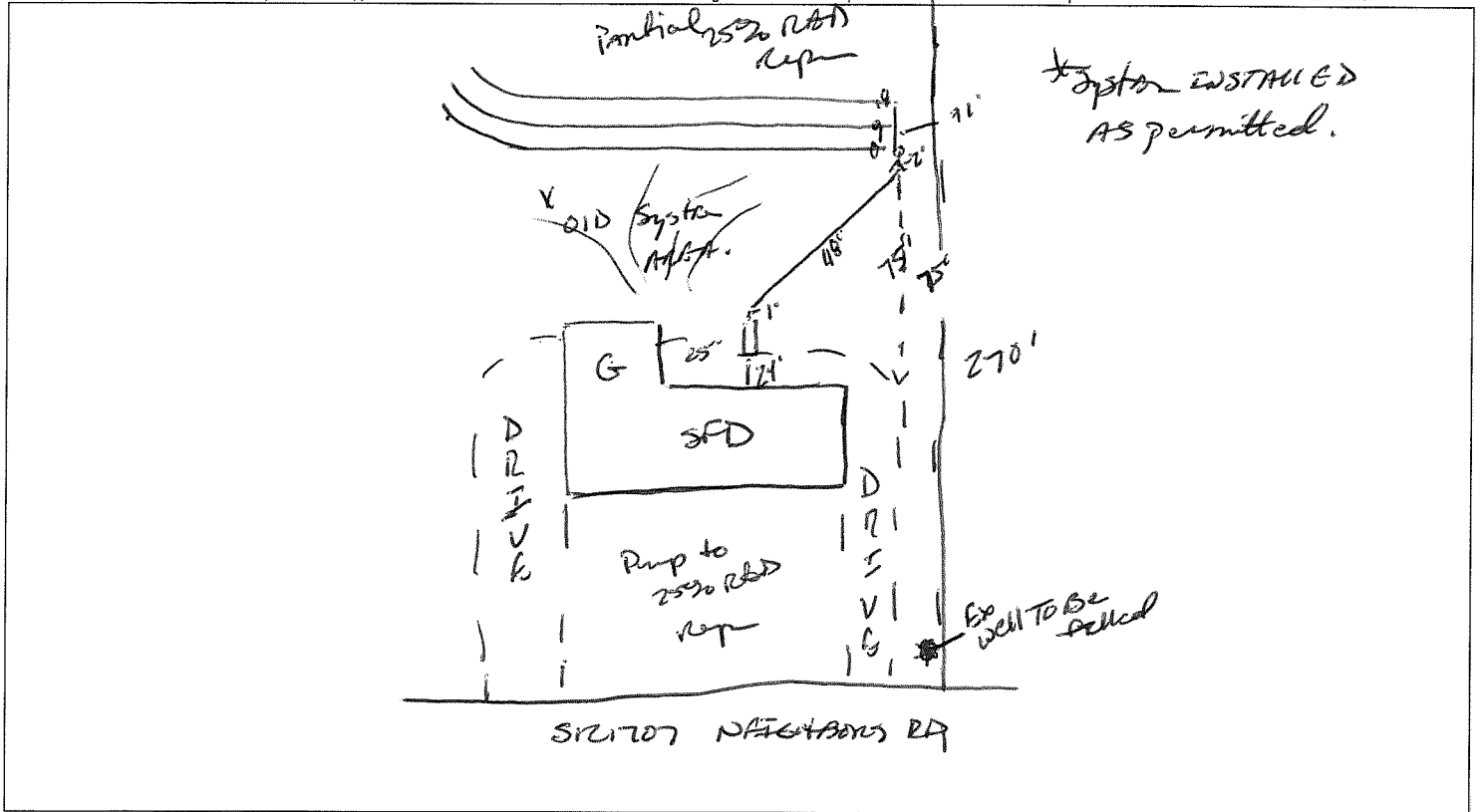
Basement with plumbing: Garage Number of Bedrooms 4

Type of Water Supply: Community Public Well Distance from well 50'+ feet

System Type: 25% REDUCTION SYSTEM TYPE III G ELLAY 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: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property

Type of system: Conventional Other 25% REDUCTION SYSTEM ELLAY Septic Tank: 1250 gallons Pump Tank: 1700 gallons

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 115 feet width of ditches 3 feet depth of ditches 22-218 inches

French Drain Required: _____ Linear feet

Authorized State Agent James J. Mark Date 4-17-12