| HTE# <u>12-5-29484</u> Harnett County Department of Public Health  |
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| PERMIT # <u>26968</u> <u>Operation Permit</u> 22332  |
| New Installation Repair Expansion<br>PROPERTY LOCATION:  |
| Name: (owner) ROBER IHOME HOMES SUBDIVISION ASNEFORD LOT # 90  |
| System Installer: TEO BROWN Registration #   |
| Basement with plumbing: 🗆 Garage 📉 Number of Bedrooms 🔄<br>Type of Water Supply: 🗆 Community 🔄 Public 🔲 Well Distance from well <u>)00</u> feet  |
| System Type: Types V and VI Systems expire in 5 years.<br>(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.   |
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| 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.  |
| $ \begin{array}{c}         I \\         I \\         I \\         $  |
| PERMIT CONDITIONS:<br>I. Performance: System shall perform in accordance with Rule .1961.  |
| ll. Monitoring: As required by Rule .1961.   |
| III. Maintenance: As required by Rule .1961. Other:<br>Subsurface system operator required? Yes 🗆 No   |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting.<br>V. Operation:  |
| /. Other:  |
| □D-Box □Pump □Alarm □ H20Line □ PWR Line   |
| Following are the specifications for the sewage disposal system on the above captioned property.   |
| Type of system:       Conventional       Chamese (Q4+*)       Septic Tank:       1000       gallons Pump Tank:       gallons         Subsurface       No. of       exact length       width of       depth of  |
| Drainage Field ditches   |
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| Authorized State Agent U JUNI CGAS Date 6/1 12   |