HTE# 12-5-28951

PERMIT # 27003

Harnett County Department of Public Health

Operation Permit

22298

☑ New Installation ☑ Septic Tank ☑ Nitrification Line ☐ Repair ☐ Expansion

PROPERTY LOCATION: SR 1435 Tripp RD

Name: (owner) Gregory INC SUBDIVISION _____ LOT # 1

System Installer: Candler Construction Registration # _____

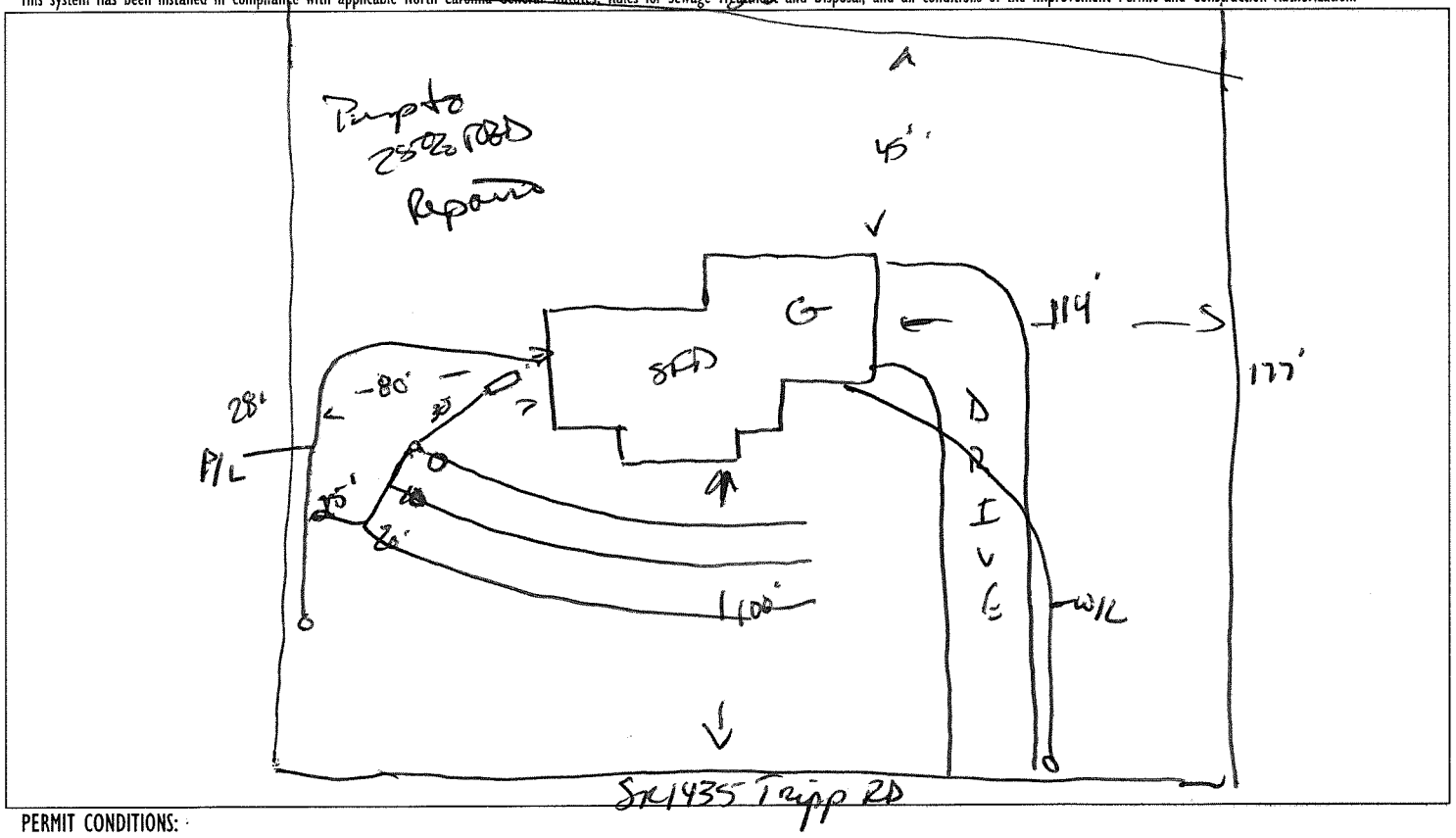
Basement with plumbing: ☐ Garage ☑ Number of Bedrooms 3

Type of Water Supply: ☐ Community ☑ Public ☐ Well Distance from well _____ feet

System Type: 25% REDUCTION System Type III 6 EZ Chambers (In accordance with Table V a)

Types V and VI Systems expire in 5 years. 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 ☐ _____ H2OLine ☐ _____ PWR Line

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

Type of system: ☐ Conventional ☑ Other 25% REDUCTION System Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 3; exact length of each ditch 160 feet; width of ditches 3 feet; depth of ditches 22 inches

French Drain Required: _____ Linear feet

Authorized State Agent _____ Date 9-5-12