| HTE# 13-5-30                                 | Harnett County Department of Public Health  |           |
|--|---|-----------|
| PERMIT # 2724                                | Operation Permit 2298   | 7         |
|  | ☐ New Installation ☐ Septic Tank ☐ Nitrification Line ☐ Repair ☐  | Expansion |
|  | PROPERTY LOCATION: SKI4032215 Harvett Contract  |           |
| Name: (owner)                                | BRC Homes Inc SUBDIVISION QUART GIEN LOT #_  Tason multilum Registration #  | 28        |
| System Installer: Basement with plumbin      |   |           |
| Type of Water Supply:                        | ☐ Community ☐ Public ☐ Well Distance from well feet   |           |
| System Type: 25 6 11 (In accordance with Tal | 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               | d in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization | ın.       |
|  |   |           |
|  | 233'  |           |
|  |   |           |
| P.   |   |           |
|  | to 25% REDVITION Report   |           |
|  |   |           |
| 10: 1  | NATURAL   |           |
|  | NATURAL DRAWN   |           |
| (8r.   0.                                    |   |           |
|  | * P b   |           |
| \19F.  | SFD .   |           |
|  | 45. 6 55  |           |
| WIL 1  |   |           |
| 40   | DETER 115'  |           |
| Setter                                       |   |           |
| Dr. Cr                                       |   |           |
| PERMIT CONDITIONS:                           |   |           |
| I. Performance: II. Monitoring:              | System shall perform in accordance with Rule .1961. As required by Rule .1961.  |           |
| III. Maintenance:                            | As required by Rule .1961. Other:   |           |
|  | Subsurface system operator required? Yes \(\sigma\) No \(\sigma\)  If yes, see attached sheet for additional operation conditions, maintenance and reporting.                         |           |
| IV. Operation:                               |   |           |
| V. Other:                                    |   |           |
|  |   | PWR Line  |
| Following are the specif                     | fications for the sewage disposal system on the above captioned property.   | _         |
| ,, ,   | Conventional Other 25% RED Sq.542. Septic Tank: 1200 gallons Pump Tank:   | gallons   |
| Subsurface<br>Drainage Field                 | No. of exact length width of depth of ditches 2 feet ditches 3 feet ditches 24  | inches    |
| French Drain Required:                       | Linear feet   |           |
|  | and the second second   |           |