Harnett County Department of Public Health HTE# 13-5-30571 22978 Operation Permit PERMIT # 27371 PROPERTY LOCATION: 32 1403 Kapling RD SUBDIVISION _____ System Installer: CIENT ANAM ____ Registration # Basement with plumbing: Garage | Number of Bedrooms Type of Water Supply:

Community Public Well Distance from well 5014 feet 62 CA4

System Type: 25% Public Types V and VI Systems expire in 5 years. Wher must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) es, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. This system has been installed in compliance with applicable North Carolina General V PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. Performance: 1. II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: ___ Subsurface system operator required? Yes \square No \square If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: □ _____ Pump □ ___ **PWR Line** Alarm 🗆 H20Line □ D-Box Following are the specifications for the sewage disposal system on the above captioned property. Other 15% 138802070 gallons Pump Tank: _ Septic Tank: _ Type of system:

Conventional

exact length

Linear feet

of each ditch

Subsurface

Drainage Field

French Drain Required:

Authorized State Agent

No. of

ditches

depth of

ditches Z6

inches

width of

ditches

Date