HTE# 13-5-31449 Harnett County Department of Public Health 22977 Operation Permit PERMIT # 27394 New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: Jan 401 N SUBDIVISION MEABORNA Name: (owner) _ GARL LOT # 20 System Installer: JASOL Maria Registration # Garage Number of Bedrooms Basement with plumbing: Type of Water Supply:

Community ✓ Public □ Well Distance from well _ Typestiand the stems expire in 5 years. System Type: 25% REDUCTON Systa. (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 applicati al Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. ١. Performance: 11. 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: V. Other: Pump 🗆 _____ D-Box Alarm 🗆 H20Line □ **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:

Conventional Vother 1596 (Carlo Votage) Carlo Septic Tank:

Conventional Carlo Septic Tank: / D 6 O gallons Pump Tank: _ exact length Subsurface No. of width of of each ditch <u>/6</u>0 Drainage Field ditches ditches _

L & B Rows

9-24-13

Date

French Drain Required:

Authorized State Agent

Linear feet