HTE# 13 - 5-32193

Authorized State Agent

Harnett County Department of Public Health

23067 PERMIT # 27622 **Operation Permit** Mew Installation 😺 Septic Tank 🗵 Nitrification Line 🗆 Repair 🗆 Expansion PROPERTY LOCATION: Docs Ro Name: (owner) Wyan Constavorion SUBDIVISION TROTTERS RIDGE System Installer: I FLOQUEOUS PLUMBING Registration # Basement with plumbing: Garage K Number of Bedrooms Type of Water Supply:

Community Public Well Distance from well _____ feet Types V and VI Systems expire in 5 years. System Type: ___ Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) 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. KENTUCKY DERBY LN B BOJOLE CREEK DIL DEU OH REPAIR 160 PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. ١. Performance: II. Monitoring: As required by Rule .1961. 111. 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: ٧. Other: D-Box Pump 🗆 Alarm 🗆 H20Line □ Following are the specifications for the sewage disposal system on the above captioned property. 2 Other E2 From Type of system:

Conventional Septic Tank: 1000 gallons Pump Tank: _____ gallons depth of Subsurface exact length width of of each ditch ______ Drainage Field ditches ditches ditches 18 inches French Drain Required