HTE#<u>/4-5-34372</u>

Harnett County Department of Public Health

23437

PERMIT # 27998 PROPERTY LOCATION: 27 West Name: (owner) _____ Cater Building _____ SUBDIVISION ______ Fingen Pointe _____ LOT # 167 _____ Registration # _____ System Installer: Eddie Garner Basement with plumbing: Garage ☐ Number of Bedrooms _ Distance from well ______ feet Type of Water Supply:

Community Public

Well ___ 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. DRIVE PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. ١. Performance: As required by Rule .1961. II. Monitoring: As required by Rule .1961. Other: ___ Maintenance: III. Subsurface system operator required? Yes 🗆 No 🗹 If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: □ ______Pump □ ______Alarm □ _____H20Line □ _____ **PWR Line** D-Box Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:

Conventional Other Out of Y Chamber Septic Tank: __ gallons Pump Tank: Type of system:

Conventional exact length width of depth of Subsurface No. of exact length of each ditch 12 inches feet ditches ditches Drainage Field Linear feet French Drain Required: Authorized State Agent