HTE# 15-5-37113

Harnett County Department of Public Health

24113 PERMIT # 26603 Operation Permit New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: WALKER Ro Name: (owner) 516ND URE HOME BLOES SUBDIVISION LOT # STOLCKLAND System Installer: On 15 Registration # Basement with plumbing: Garage Number of Bedrooms Type of Water Supply:

Community Public
Well Distance from well 100 System Type: ___ Types V and VI Systems expire in 5 years. (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 applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. MANU MUZ HOUSE PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 11. Monitoring: As required by Rule .1961. III. 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. Operation: ٧. Other: □ ______Pump □ _____Alarm □ _____H20Line □ D-Box **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:

Conventional Other Pump to E2 From Septic Tank: 1000 gallons Pump Tank: 1000 Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch _ 120 ditches ditches 18-24 French Drain Required: Linear feet Authorized State Agent