Operation Permit PERMIT # __ ☐ New Installation ☑ Septic Tank ☐ Nitrification Line ☑ Repair ☐ Expansion PROPERTY LOCATION: 312 (514 Rose Rock RD LOT # SUBDIVISION Name: (owner) Registration # System Installer: Basement with plumbing: Garage

Number of Bedrooms Type of Water Supply:

Community ■ Public ☑ Well Distance from well TANK ONLL 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. DRINE 16ther Rock RD 8L1314 PERMIT CONDITIONS: l. Performance: System shall perform in accordance with Rule .1961. 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 🗆 _ H20Line **PWR Line** Alarm D-Box Following are the specifications for the sewage disposal system on the above captioned property. gallons Pump Tank: ___ □ Other IAN'Z only Septic Tank: Type of system:

Conventional exact length width of depth of Subsurface No. of Drainage Field of each ditch ditches ditches _____ inches ditches French Drain Required: Linear feet LIMIZENS 2 Manhow Date Authorized State Agent

HTE# EH 2010 -- Harnett County Department of Public Health

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