Harnett County Department of Public Health 2899 000 57464 205 PERMIT # EH 2104-0019 Operation Permit □ New Installation ☑ Septic Tank ☑ Nitrification Line □ Repair □ Expansion PROPERTY LOCATION SC1769 OID STAGE EDS Name: (owner) JOE BLEDSOE LOT # SUBDIVISION System Installer: Garage Gumber of Bedrooms Type of Water Supply:

Community Public Well Distance from well System Type: TIPE ChipS 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. SULTES OIDSTAGE RAS PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. I. Performance: II. As required by Rule .1961. Monitoring: As required by Rule .1961. Other: III. Maintenance: 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. gallons Pump Tank: Type of system:

Conventional Other ITZE CHIPS Septic Tank: Subsurface No. of exact length width of ditches 24-718" of each ditch 160 ditches ditches Drainage Field French Drain Required: Linear feet

Date

Authorized State Agent