

HTE# _____

Harnett County Department of Public Health 19164

PERMIT # 19646

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: 5920 US. Hwy 401N

Name: (owner) Curtis + Beverly Bain SUBDIVISION _____ LOT # _____

System Installer: Gerald Temple Registration # 9

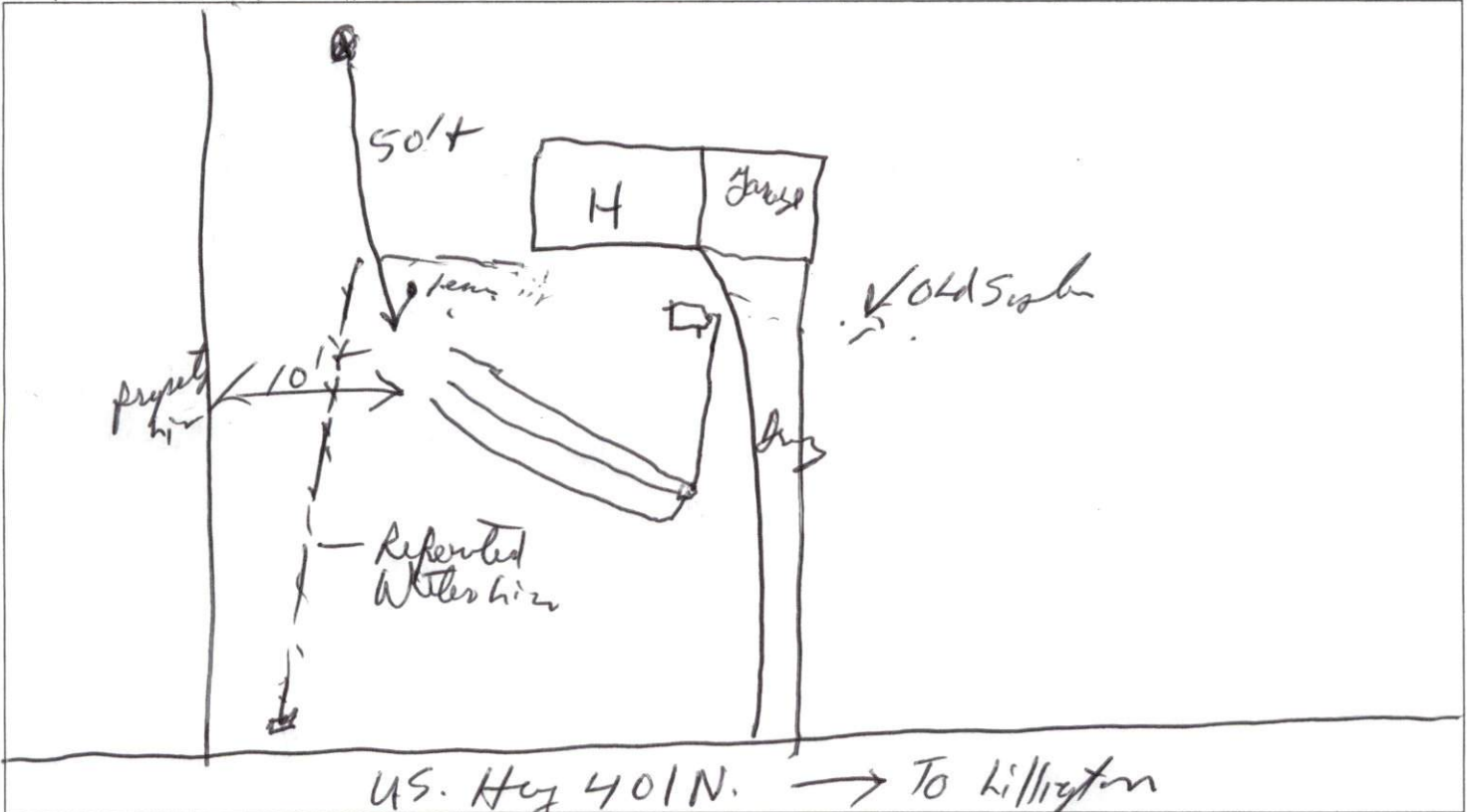
Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well 50 feet + old exists.

System Type: IIA 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.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: Pump Tank - every 3-5 years.
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other _____ Size of tank: Septic Tank: ext. gallons Pump Tank: NA gallons
 Subsurface No. of 3 exact length _____ width of _____ depth of _____
 Drainage Field ditches _____ of each ditch 100 feet ditches 3 feet ditches 18-24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 07/12/07