

HTE# AHempt To Repair

Harnett County Department of Public Health 19000

PERMIT # 23618

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: 1108 4940 Hillman Branch Rd

Name: (owner) April Joyner SUBDIVISION _____ LOT # _____

System Installer: Ted Brown Registration # _____

Basement with plumbing: Garage Number of Bedrooms 4

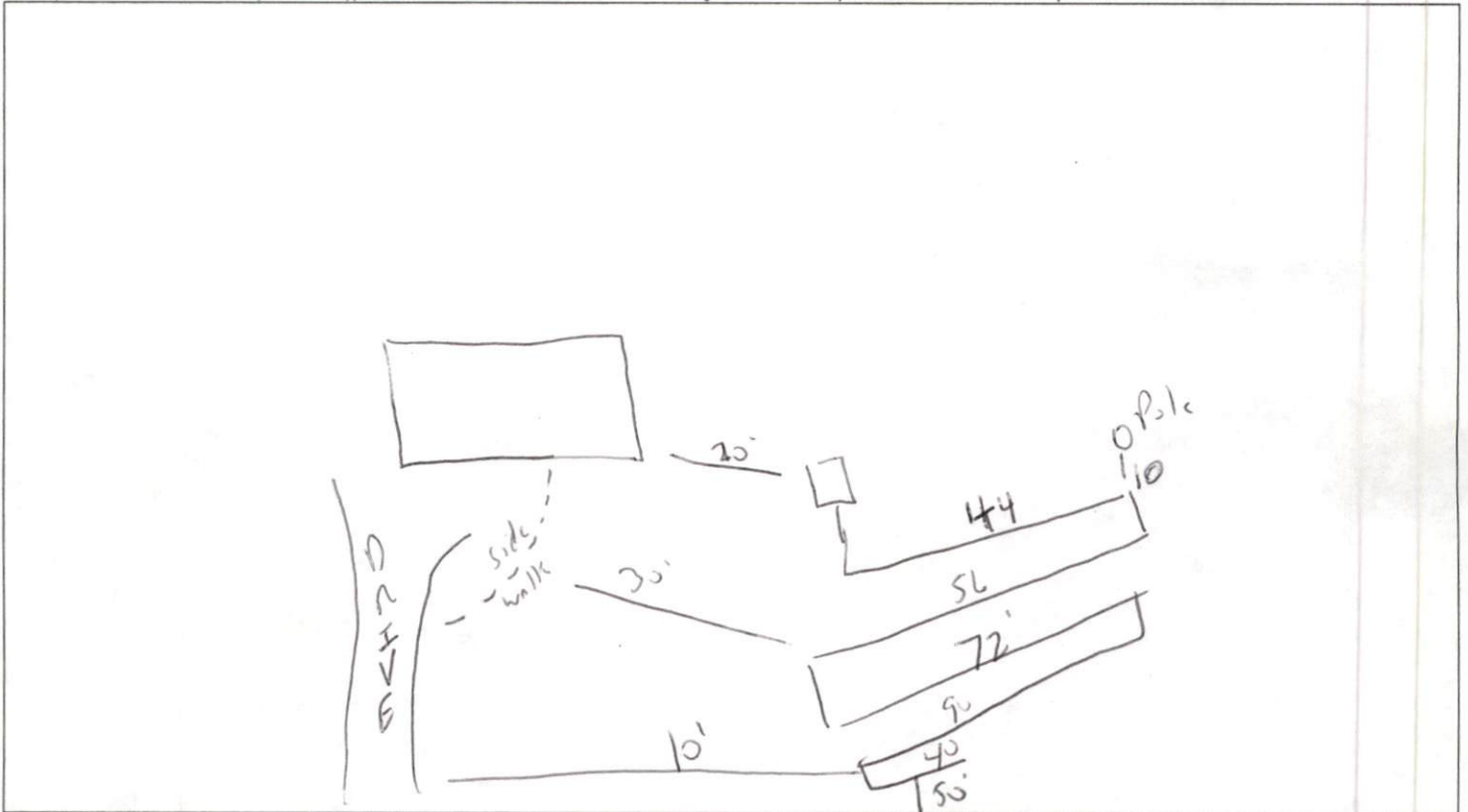
Type of Water Supply: Community Public Well Distance from well 50 feet

System Type: Infiltrator Quick 4 PIG 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: _____
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 Infiltrator Quick 4 Size of tank: Septic Tank: 600 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 20 feet ditches 3 feet ditches 18 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 01-21-07