

HTE# _____

Harnett County Department of Public Health 19745

PERMIT # 24242

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: Hwy 301

Name: (owner) BEN G BEST SUBDIVISION _____ LOT # _____

System Installer: M.W. Griffin Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

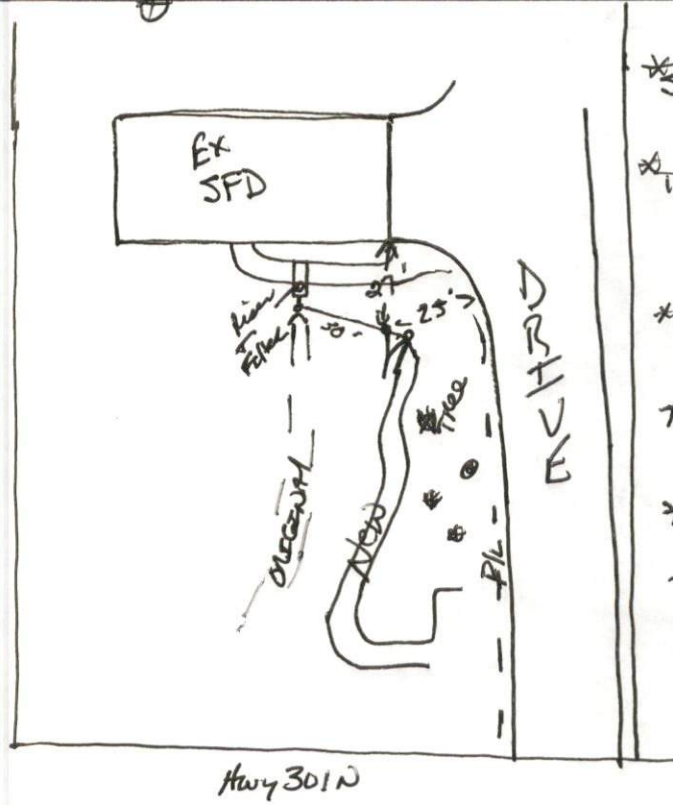
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: Conventional 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.



- * SYSTEM TYPE NOT INSTALLED
- * TREE OWNER AGREED TO REMOVE NOT TAKE DOWN.
- * SYSTEM HAS 1/4 TO 1" OF RISE THROUGHOUT
- * RAISED D-BOX TO COUNTER RISE IN LEAKS.
- * RISE & FILTER INSTALLED.
- * OWNER REFUSED TO TAKE OUT TREES + ADD TO DRAINAGE.

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 _____ Size of tank: Septic Tank: Existing gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 100 feet ditches 3 feet ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Markant Date 10-8-07