

HTE# REPAIR

Harnett County Department of Public Health

20556

PERMIT # 25131

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: HWY 401N

Name: (owner) JESUS L Nino

SUBDIVISION FOXCHASE

LOT # 16

System Installer: CARDENES

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

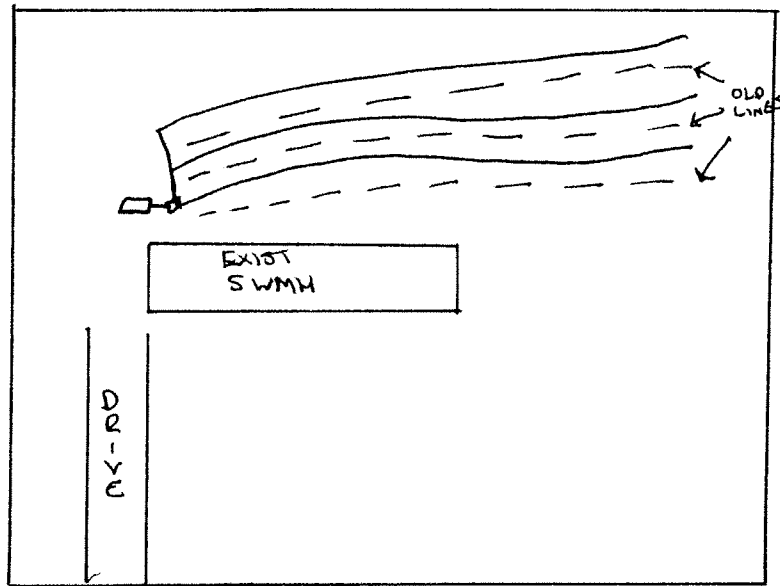
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: III g 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: DONOT EXCEED WATER USE OF 360 GALLONS PER DAY.

V. Other: SOIL EVALUATED IN PIT PRIOR TO INSTALLATION. NO OLD DRAIN LINES EXPOSED DURING INSTALLATION

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

Type of system: Conventional Other EZ FLOW Septic Tank: EXISTING gallons Pump Tank: _____ gallons

Subsurface No. of _____ exact length _____ width of _____ depth of _____
Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches 36-24 inches

French Drain Required: _____ (near feet)

Authorized State Agent _____

RS

Date 4/24/09