HTE# 55518/0-0003

Harnett County Department of Public Health

25309

Authorized State Agent

PERMIT # 30251 **Operation Permit** 521513 PROPERTY LOCATION: 99 Bayusens M. (socillo Creek rd.) Name: (owner) Signature Home Blds SUBDIVISION South creek LOT # 40 System Installer: Cone's Bushoe Service Registration # Basement with plumbing: Garage Number of Bedrooms 4-Distance from well feet Type of Water Supply:

Community Public Well System Type: 25% Redución 5/3 - Thoy 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. 4BA SED 2100 PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. 1. Performance: 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: ٧. □ Pump □ Alarm □ H20Line □ **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other EZ Flow III-G Septic Tank: 1000 gallons Pump Tank: Subsurface No. of exact length width of ditches 22 > 26 inches Drainage Field ditches of each ditch French Drain Required: