HTE# 5=0 1902-6021

Harnett County Department of Public Health

No. 26759

Operation Permit PERMIT # _____ 801573 New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: 17 TREASURE S. (WEILLS CALL NO) SOUTH CARREN LOT # 21 SUBDIVISION Homes Name: (owner) Courselland Registration # _____ System Installer: CHARLES BARBOUR Basement with plumbing: Distance from well _______feet Type of Water Supply:

Community 🖎 Public 🔲 Well System Type: 25% 1500000 575. 2115 Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) This system has been installed in compliance with applicable North Carolina General Statutes, flower for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. 500 92 PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. Performance: I. II. As required by Rule .1961. Monitoring: III. As required by Rule .1961. Other: Maintenance: Subsurface system operator required? Yes 🗆 No 🌊 If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: **PWR Line** H20Line _____ Pump □___ Alarm \square D-Box Following are the specifications for the sewage disposal system on the above captioned property. & Other FEE FLOW THE gallons Pump Tank: Septic Tank: Type of system:

Conventional width of depth of Subsurface No. of exact length 22 inches of each ditch 70 feet ditches Drainage Field ditches French Drain Required: Linear feet 11 19 2000 Date Authorized State Agent_