HTE# ST-> 1910-0021

Harnett County Department of Public Health

No. 26127

Operation Permit PERMIT # _____ 5-114/2 New Installation 🗷 Septic Tank 📝 Nitrification Line 🗆 Repair 🗆 Expansion PROPERTY LOCATION: 17 ALLWOOD Da. (CHRISTIAN LT. NO) Name: (owner) KB HOWES CANOLINAS SUBDIVISION MASON COINSTE PH 2 LOT # 1 System Installer: THORTONS PLOMBING Registration # Basement with plumbing: Garage Number of Bedrooms Type of Water Supply:

Community □ Well Distance from well System Type: 25% NZSOUTIONS SYS. IIIB 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. 21 SPECS ATTACHED CIGHT INSTALL: 03/24/2020 PUMB ALARM: 64/24/2020 SFS DIW PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule . 1961. ALLWOOD 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. Other: D-Box Pump □ ______ Alarm □ ___ H20Line **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. X Other EZ Flow IIIB Type of system:

Conventional Septic Tank: _____ vocc__ gallons Pump Tank: _____ gallons exact length 85, 115, Subsurface No. of width of depth of Drainage Field ditches of each ditch \35 feet ditches ditches inches feet French Drain Required: Linear feet 04/23/2020 Date __ Authorized State Agent_