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Harnett County Department of Public Health No. 26756 HTE# 57-502003-0046 **Operation Permit** PERMIT # _____ 5-1415 New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 549 MILL BENDS DR. (RAWLS CH. NOS) SUBDIVISION GLDZ WILL VILLACE Name: (owner) Registration # Basement with plumbing: Garage Number of Bedrooms CAM COMON Distance from well ~~~ Type of Water Supply:

Community Public ☐ Well OUNE Types V and VI Systems expire in 5 years. 25% REDUCTION SIS. (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. 33' **PERMIT CONDITIONS:** Performance: System shall perform in accordance with Rule .1961. I. II. As required by Rule .1961. Monitoring: As required by Rule .1961. Other: III. Maintenance: Subsurface system operator required? Yes 🗆 No 🗷 If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: H20Line Alarm **PWR Line** Pump Following are the specifications for the sewage disposal system on the above captioned property. & Other GY CHANGER TIL Septic Tank: 1000 gallons Pump Tank: Type of system: Conventional ubsurface exact length width of depth of No. of ditches ditches of each ditch inches ainage Field ch Drain Required: Linear feet