HTE#	SAD	2007	-0081

Harnett County Department of Public Health

No. 26662

Operation Permit PERMIT # _____ New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: DID US Hwy 421

SUBDIVISION LOT #_ Name: (owner) Weaven Homes Inc LOT # System Installer: Yellow Doc _____ Registration # _____ Basement with plumbing: Garage Mumber of Bedrooms Type of Water Supply:

Community

Public

Well Distance from well ______ feet System Type: 25% Reduction System Type ATT & EZIAC 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. 40' PERMIT CONDITIONS: 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 \square No \square If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: Following are the specifications for the sewage disposal system on the above captioned property. Type of system:
Conventional Other 25% 1850 VCTON Septic Tank: 1000 gallons Pump Tank: Subsurface No. of exact length depth of of each ditch 210 feet Drainage Field ditches ditches French Drain Required: Authorized State Agent Date 11-10-20