Harnett County Department of Public Health

| PERMIT # SFD 2409-0076 Operation Permit |
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| Name: (owner) Glean Hones Inc SUBDIVISION LOT # A |
| System Installer: K: ng 5 g ca 1; ng & b c Khok Basement with plumbing: Garage Number of Bedrooms |
| Type of Water Supply: Community Public Well Distance from well feet |
| |
| (In accordance with Table V a) Owner must coetact 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. |
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| PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. |
| II. Monitoring: As required by Rule .1961. Waintenance: 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: |
| V. Other: |
| □ D-Box □ Pump □ Alarm □ H20Line □ PWR Line |
| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Type TD (3) EZ-FICW Septic Tank: 1,000 gallons Pump Tank: gallons Subsurface No. of exact length of exact length of each ditches Of each ditches French Drain Required: Linear feet Linear feet |
| Authorized State Agent 12m AE4S Date 3-12-25 |