Authorized State Agent\_

## Harnett County Department of Public Health

No. 26142

**Operation Permit** PERMIT # \_\_\_\_\_ New Installation 🔀 Septic Tank 🔯 Nitrification Line 🗆 Repair 🗆 Expansion PROPERTY LOCATION: 185 MOONE ST. (S. 1374 ST.) System Installer: CHANGES BARBOUR Registration #\_\_\_\_\_ 100GPD MIN Basement with plumbing: 
Garage 
Number of Bedrooms 
PA Type of Water Supply: 

Community 
Public 
Well Distance from well 
Feet System Type: 25% (ENCTION Sts. TILE) Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 manths 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. X SHALLOW INSTALL 10068D MIN [STATE MIS PRE-INSTALL d 3 L ) ۲ Δ PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule 16st 17 4 LIAA 1 175 As required by Rule .1961. II. Monitoring: Maintenance: III. As required by Rule .1961. Other: Subsurface system operator required? Yes 
No 
No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. **J**/Operation: CONN ٧. Other: BLOG D-Box — \_\_\_\_\_ Pump Mowing are the specifications for the sewage disposal system on the above captioned property Type of system: 
Conventional Other EZ FLOW IIIC Septic Tank: \_\_\_\_ gallons Pump Tank: \_\_\_ exact length Subsurface No. of depth of 12 inches Drainage Field of each ditch 60 feet ditches ditches ditches French Drain Required: Linear feet