

HTE# 07-5-18914

Harnett County Department of Public Health

20100

PERMIT # 24519

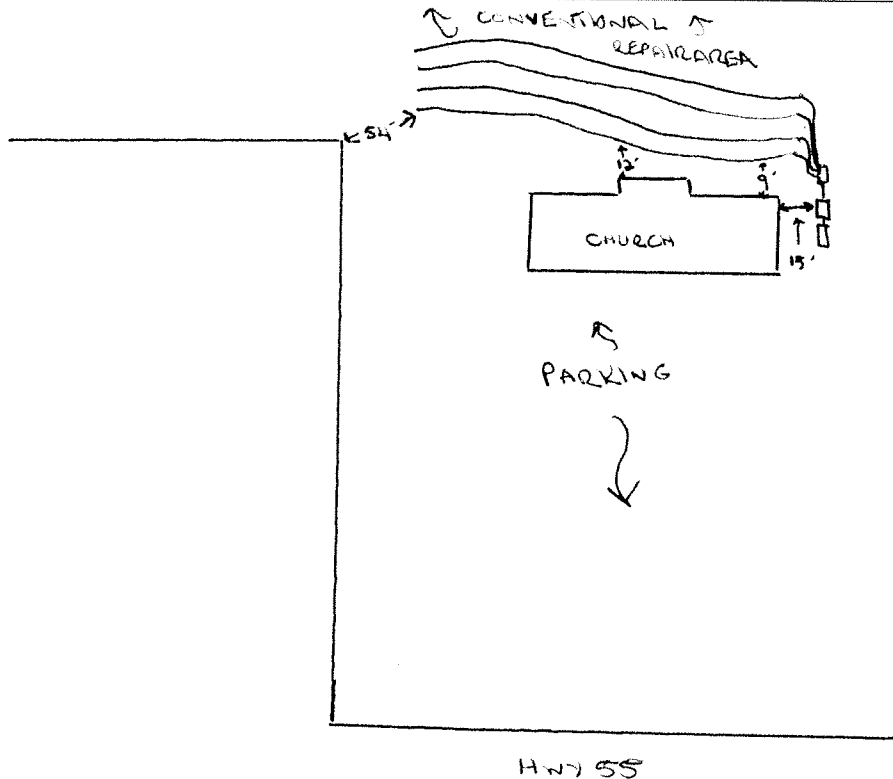
Operation Permit

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ ExpansionPROPERTY LOCATION: NCHWY 55EName: (owner) GOSEEL TABERNACLE AFRICAN CH. SUBDIVISION BETHEL P. TURLINGTON LOT # 4System Installer: SCOTT LEONARD Registration # _____Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 280 MEMBER CHURCHType of Water Supply: ☐ Community ☐ Public ☐ Well Distance from well _____ feetSystem Type: III b 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.



PERMIT CONDITIONS:

I. 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 ☐ No ☒

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☒ Conventional ☐ Other _____Subsurface Drainage Field No. of ditches 4 exact length of each ditch 235 feet

French Drain Required: _____ Linear feet

Septic Tank: 815-287 578-2050 gallons Pump Tank: 815-1500 PT-312 gallons
 width of ditches 3 feet depth of ditches 18-36 inches

Authorized State Agent _____

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Date 9/23/68