HTE#BRESRIO-0051R

Harnett County Department of Public Health

25261

PERMIT # 30265

Operation Permit

	New Installation Septic Tank	Nitrification Line □ Repair □ Expansio
Name: (owner) KEISH How	THUTERIT LUCATION: 1258 PATTO	ERSON RD
	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	LOT #
	Kegistration #	
Basement with plumbing: Garage Number of Bedroom Type of Water Supply: Community Public Well		
System Type: Well		
(In accordance with Table V a)	Owner must contact Health December 1	5 years.
	Owner must contact Health Department 6 months prior	r to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General St	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of th	ne Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule 1.		
I. Performance: System shall perform in accordance with Rule .1 II. Monitoring: As required by Rule .1961.	961.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes No	X	
If yes, see attached sheet for additional operation:	n conditions, maintenance and reporting.	
V. Other:		
□ D-Box □ Pump □	7	
Following are the specifications for the sewage disposal system on the ab	Alarm 🗆	H20Line D PWR Line
The of system. I conventional to Other Champeo		
Subsurface No. of exact length	width of	gallons Pump Tank: gallons
Drainage Field ditches 1 of each ditch	228 feet ditches 3	depth of
French Drain Required: Linear feet		_ feet ditches inches
Authorized State Agent	REITS Date 10	Note of the last o
	pate	401110