Harnett County Department of Public Health

PERMIT # BRES 1811 -0033 Operation Permit New Installation	expansion
PROPERTY LOCATION: NC2/05	pansion
Name: (owner) ANGUS STOLICKLAND SUBDIVISION LOT #	
System Installer: GERALD TEMPLE	
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply: Community Public Well Distance from well feet System Type: 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	
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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:	
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:	
□ 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 Pump 10 CONVENTIONAL Septic Tank: 1000 gallons Pump Tank: 1000	gallons
Subsurface No_of exact length width of depth of Drainage Field ditches of each ditch 100 feet ditches 3 feet ditches 18	inches
Drainage Field ditches of each ditch feet ditches	inches
Authorized State Agent	