Harnett County Department of Public Health

24774

PERMIT # 19383

/ Operation Permit

| | New Jestelleties IV Seeds Tests II No. 15 of 11 I | |
|--|---|----------------------|
| | New Installation Septic Tank Nitrification Line | ☐ Kepair ☐ Expansion |
| Name: (owner) JAMES JACKSUN | PROPERTY LOCATION JR/ 705 OID Faight | |
| System Installer: TENES Backhoc | SUBDIVISION | LOT # |
| | Registration # | |
| Basement with plumbing: Garage Mumber of Bedrooms | 3 | |
| Type of Water Supply: Community Public Well System Type: 2527600000000000000000000000000000000000 | Distance from well feet YNTIC STypes 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 perm | sit renewal |
| (1555 11.155 11.15 11 | owner must contact greater bepartment o months prior to expiration for perior | nt 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. | | |
| April 100'11 | 109 x1 109 x1 2 360 D 2 70 D 3 360 D 3 360 D 3 360 D | |
| | 1961. C Fair | 0 |
| · | hill | |
| PERMIT CONDITIONS: | | NUU' |
| I. Performance: System shall perform in accordance with Rule. | 1961. () Lar | |
| II. Monitoring: As required by Rule .1961. | | |
| III. Maintenance: As required by Rule .1961. Other: | <u> </u> | 9-14-17 PA |
| Subsurface system operator required? Yes \(\sime \) N | | |
| If yes, see attached sheet for additional operation: IV. Operation: | ion conditions, maintenance and reporting. | |
| п. орегания. | | |
| V. Other: | | |
| □ D-Box □ Pump | □ Alarm □ H20Line □ | PWR Line |
| Following are the specifications for the sewage disposal system on the a | | TWK LINE |
| Type of system: Conventional Other 25% NED | | nk: gallons |
| Subsurface No. of exact length | h width of depth of | of |
| Drainage Field ditches of each ditches | ch 150 feet ditches 3 feet ditches | 24 7 18 inches |
| French Drain Required: Linear feet | | |
| Authorized State Agent and EMANHAM FILE REHS Date 11-14-17 | | |
| /) | | |

