HTE# BNESPIO 0054

Harnett County Department of Public Health

No. 26522

PERMIT # _____A

Operation Permit

| | New Installation 🛭 Septic Tank 🔎 Nitrification Line 🗆 Repair 🗆 Expansion |
|---|---|
| | PROPERTY LOCATION: 964 BULKWILL 25 (51 2005) |
| Name: (owner) TANTA PARUSHI CRANT | SUBDIVISIONLOT # |
| System Installer: CLIST ADAMS | |
| Basement with plumbing: Garage Number of Bedrooms | |
| Type of Water Supply: Community Public Well Well | |
| System Type: 25% Value 575. 277. (In accordance with Table V a) | |
| (III 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. | |
| | # TOSTALLED 26TD & 18TH |
| 7 | N' STEPDOWN TO 242N - 18TN |
| | |
| | LAST 20FT |
| | BEXT I AND NOT DRIVE ON SEPTIC |
| | TANK ON SEPTE ANSA |
| PERMIT CONDITIONS: | 2 0-06 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 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: | BRICH MILL RD |
| Subsurface system operator required? Yes N | 3 (2 00) |
| If yes, see attached sheet for additional operation: | ation conditions, maintenance and reporting. |
| V. Other: | |
| □ D-Box □ Pump | p 🗆Alarm 🗆H20Line 🖂PWR Lii |
| Following are the specifications for the sewage disposal system on the above captioned property. | |
| Type of system: Conventional Other EZ FL | |
| Subsurface No. of exact length | gth width of depth of |
| | ditch 50 feet ditches 3 feet ditches 28 + 18 inches |
| French Drain Required: Linear feet | |
| Authorized State Agent | Date 07/28/2020 |