HTE# 08 500 21301

Harnett County Department of Public Health 20575

PERMIT # <u>25212</u>

Operation Permit

	PROPERTY LOCATION: Hally Spans Ch. Roa	
Name: (owner) Jens Parsons	SUBDIVISION	LOT #
System Installer: 0.) Trick and	Registration #	1001Ac
Basement with plumbing: Garage Number of Bedrooms	<u> </u>	•
Type of Water Supply: □ Community 🕏 Public 🗷 Well System Type:E.7 Flow	Distance from well 60 feet THE S 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 per	mit 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:	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and	Construction Authorization. Pupar
I. Performance: System shall perform in accordance with Rule .1 III. Monitoring: As required by Rule .1961. Other: Subsurface system operator required? Yes □ No lf yes, see attached sheet for additional operation.	o A	
п. орстаноп.		
V. Other:		
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other E.2 Flow Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of Drainage Field ditches Linear feet Linear feet Septic Tank: 1000 gallons Pump Tank: gallons depth of ditches 18-24 inches		
Authorized State Agent	Date 02.23	09