HTE# 07-5-17598 R

Harnett County Department of Public nealth 19367

PERMIT # 24064

Operation Permit

	PROPERTY LOCATION: BALLAGE Repair Nitrif	cation Line 🔲 Expansion
Name: (owner) STEVE HOMAS	SUBDIVISION THURMAN COLLINS	107 # 10
System Installer: MIKE RAY	Registration #	LOT # <u>\R</u>
Basement with plumbing: Garage Number of Bedroom	ms 2	
Type of Water Supply: 🗆 Community 🔀 Public 🗀 We		
System Type: TILL'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 pe	rmit renewal.
This system has been installed in compliance with applicable Morth Carolina General	Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and	
Typical North Cabina College	reactions, nation 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:		
Subsurface system operator required? Yes 🗆	No 🕱	
If yes, see attached sheet for additional oper. IV. Operation:	ation conditions, maintenance and reporting.	
IV. Operation:		
Y. Other:		
Following are the specifications for the sewage disposal system on the	above captioned property.	
Type of system: Conventional Other Poly. Rec	- TRENCH Size of tank: Septic Tank: 1000 gallons Pump T.	ank: gallons
ausuriace no. or exact leng	th width of depth	
inameh Duniu Banding de		18-24 inches
Tendi Diam Required: Line Leek		
Authorized State Asset	1 .	
Authorized State Agent	es Date 2 20/07	