Harnett County Department of Public Health

PERMIT # Bres2105-0058

Operation Permit

		🖎 New Installation 🛣 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗀 Expansion		
		PROPERTY LOCATION: 465 NOWING MI	ILL NO (SKIHOI)	
	Name: (owner) TONY JOHNSON	SUBDIVISION	LOT #	
	System Installer: CLINT NORTHS			
	Basement with plumbing: Garage Number of Bedrooms			
	Type of Water Supply: Community Public Well	pe of Water Supply: Community Public Well Distance from well feet		
	System Type: 25% responsed statem 3	tem Type: 25% 250000 8757000 III g Types V and VI Systems expire in 5 years.		
	(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expira	ation 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.			ent Permit and Construction Authorization.	
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PERMIT CONDITIONS:		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:	u À-		
	Subsurface system operator required? Yes □			
	If yes, see attached sheet for additional oper IV. Operation:	ation conditions, maintenance and reporting.		
	V. Other:			
	□ D-Box □ Pum		H20Line 🗆 PWR Line	
	Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional St Other St Standard Septic Tank: 1000 gallons Pump Tank: gallons			
	Type of system: Conventional St Other System over the		gallons Pump Tank: gallons depth of	
	Subsurface No. of exact len Drainage Field ditches of each of	_	et ditches <u>24</u> inches	
	French Drain Required: Linear feet	men 1000 iecc untiles 1000 iec	The state of the s	
	Authorized State Agent	Date	09/20/2022	