Harnett County Department of Public Health

PERMIT #BZESZIOG-0028	Operation Permit
	New Installation Septic Tank Mitrification Line Repair Expansion
	PROPERTY LOCATION: OID US 421 80 Bent Tree CT
Name: (owner) GONZALO Logodo	
System Installer: Lanny Shanne	
Basement with plumbing: Garage Number of Bedroom	
Type of Water Supply: Community Public Well	
System Type: 25% Resources System Type (In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
(iii accordance with Table 7 a)	
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.	
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PERMIT CONDITIONS:	
 Performance: System shall perform in accordance with Ru Monitoring: As required by Rule .1961. 	ile .1961.
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes	□ No □
	eration conditions, maintenance and reporting.
IV. Operation:	
V. Other:	
□ D-Box □ Pu	mp 🗆 Alarm 🗆 H20Line 🗆 PWR Line
Following are the specifications for the sewage disposal system on	the above captioned property.
Type of system: Conventional Other Subsurface No. of exact leads	Septic Tank: 1000 gallons Pump Tank: gallons ength width of depth of
	n ditch
French Drain Required: Linear feet	
Authorized State Agent	Nonhan 1 1-12-21