Harnett County Department of Public Health

PERMIT # BIN 2110-0001 **Operation Permit** ☐ New Installation ☐ Septic Tank ☐ Nitrification Line ☐ Repair ☐ Expansion PROPERTY LOCATION: 198 to Rosser Portman Rd (SR 1215) Name: (owner) Tyrona Bartona LOT # SUBDIVISION System Installer: Number of Bedrooms Basement with plumbing: Type of Water Supply:

Community Public Public ☐ Well Distance from well Types V and VI Systems expire in 5 years. System Type: ____ Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V 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. regention wall PERMIT CONDITIONS: System shall perform in accordance with Rule . 1961. Performance: I. As required by Rule .1961. 11. Monitoring: As required by Rule .1961. Other: III. Maintenance: Subsurface system operator required? Yes
No
M If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: Alarm □ H20Line **PWR Line** D-Box Following are the specifications for the sewage disposal system on the above captioned property. Septic Tank: 1000 1 Other 25% reduction Idy gallons Pump Tank: gallons Type of system:

Conventional exact length width of depth of Subsurface No. of of each ditch 228 feet ditches ditches inches ditches Drainage Field Linear feet French Drain Required: Date Authorized State Agent