HTE# BNB 2004-0001

Harnett County Department of Public Health

No. 26167

PERMIT # ____A

Operation Permit

		≥ Nitrification Line □ Repair □ Expansion
		OKESBORY 2> (ST1403)
Name: (owner) CHARLES A GOLLES TR	SUBDIVISION	LOT #
System Installer: YELLOO DOG GALDING Registration #		
Basement with plumbing: Garage Number of Bedroom		
Type of Water Supply: Community Public Wel		
System Type: 25/2 Types V and VI Systems expire in 5 years.		
(In accordance with Table V a)	Owner must contact Health Department 6 months p	prior to expiration 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.
	Ext	* PARISOS EXT TANK
	Taret	
	1	CF LOT FROM
9		CF LOT FROM
		FORMER MH
		* SERIAL BISTALBUTIED
	3MP TO 21%	
	NESSCHION P	CHAMBER Sts.
1	2411 4-154	* ACKEL & WATER SHALL
	0	BE ROUTED TO ON
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	ab' d.	
GY CHAMBER		
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35'	1 7	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961.		
PERMIT CONDITIONS:	, N	
I. Performance: System shall perform in accordance with Rul	1961	
II. Monitoring: As required by Rule .1961.	(See	
III. Maintenance: As required by Rule .1961. Other:	(on 1403)	
Subsurface system operator required? Yes 🗆 No 🗟		
If yes, see attached sheet for additional operation conditions, maintenance and reporting.		
IV. Operation:		
V. Other:		
□ D-Box □ Pum	p 🗆 Alarm 🗆	H20Line - PWR Line
Following are the specifications for the sewage disposal system on the		TWK LINE
Type of system: Conventional Other Other	_ 1 1 1 1 1	gallons Pump Tank: gallons
Subsurface No. of exact ler		depth of
Drainage Field ditches of each		3 feet ditches 26 inches
French Drain Required: Linear feet		
Authorized State Agent Date 05 28 2020		