HTE#_ 19-5-43316 PERMIT # _ 29889	Harnett County Depa	artment of Po	ublic Health	24978
PERMIT # 29889	Opera	ation Permit		
			unk Witrification Line	☐ Repair ☐ Expansion
	PROPERT	V LOCATION: 2151	Sheriff Jahnson	Ol (Sa ISIG
Name: (owner) _ STE General		VISION		
System Installer: Con Don Gilb		gistration #		LOT #
	Number of Bedrooms 3	gistration #		
, ,	Jumper of pedicollis	100 feet ((G) M	
System Type: 25% Reduction	Sys, THE	Types V and VI System		
(In accordance with Table V a)	Owner must conta	act Health Department 6 i	months prior to expiration for p	permit renewal.
			*	
This system has been installed in compliance with applicable	e North Carolina General Statutes, Rules for Sewage 1	Treatment and Disposal, and all	conditions of the Improvement Permit a	nd Construction Authorization.
		36'	War of	TION REPORT
	13 - Anc 36	GLD 30	* d5% 16-100	TION REPAIR
	12 - AVIL 36	1	A	CCLLY BEHIND
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	75' X 8	54)		
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			SHERTER JOHN	5000 as (50 15	516)			
PERMI	IT CONDITIONS:						-w	
l.	Performance:	System shall perform in accordance with Rule .1961.						
II.	Monitoring:	As required by Rule .1961.						
Ш.	Maintenance:	As required by Rule .1961. Other:						
		Subsurface system operator required? Yes No						
		If yes, see attached sheet for additional operation conditions, maintenance and reporting.						
IV.	Operation:		21 0000					
		V 						
٧.	Other:						•	
		D-Box 🗆	Pump 🗆	Alarm 🗆	H20Line		PWR Line	
Following are the specifications for the sewage disposal system on the above captioned property.								
		Conventional 🗗 Oth	er Anc 36 IIIg		1000 gallons	Pump Tank:	gallons	
Subsur	face	No. of	exact length	width of		depth of	8a	
Draina	ge Field	ditches	of each ditch 70	feet ditches	3 feet	ditches 20	inches	
French	Drain Required:		_ Linear feet				8200000	
Autho	rized State Ago	ent	all time	NEHS	Date OC/	06/2018		