Harnett County Department of Public Health

PERMIT # Bres 2310-0010 **Operation Permit** New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 371 Fam. 14 (SR 1232) Raciel Rivera Cruz SUBDIVISION Name: (owner) System Installer: Garage | Number of Bedrooms 3 (6 people) Basement with plumbing: Type of Water Supply:

Community Distance from well System Type: ____ Types V and VI Systems expire in 5 years. Type III 9 (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. This system has been installed in compliance with applicable orth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. NOT TOSCAL PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. As required by Rule .1961. Monitoring: III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes
No
No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: □_____Pump □____Alarm □ D-Box H20Line **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Other 25% reduction I Qu Septic Tank: 1000 gallons Pump Tank: Type of system:

Conventional ____ gallons Subsurface ditches of each ditch 152 feet Drainage Field inches French Drain Required: Linear feet 5-10-24 Authorized State Agent_