HTE# 16-5-40433

Harnett County Department of Public Health

PERMIT # 27300	Operation Permit	
	Operation Permit New Installation Septic Tank Ni	itrification Line Repair Expansion
	PROPERTY LOCATION: 185 DENAL	Si
Name: (owner) CHARLES PEZIEL		100 11
	The state of the s	
	Registration #	
Basement with plumbing: Garage Number of Bedrooms		
Type of Water Supply: Community Public Well	Distance from well 100 feet	
System Type: Types V and VI Systems expire in 5 years.		
(In accordance with Table V a)	Owner must contact Health Department 6 months prior t	to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General S		
	REPAIR ALGA HOUSE	
PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with Rul	.1961.	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:	u.\\	
Subsurface system operator required? Yes		
	ation conditions, maintenance and reporting.	
IV. Operation:		
V. Other: HOUSE AT REAR OF F	referry	
□ D-Box □ Pump	□Alarm □	H20Line D PWR Line
Following are the specifications for the sewage disposal system on the	e above captioned property.	
Type of system: Conventional Other EZFL	Septic Tank: 1000	gallons Pump Tank: gallons
Subsurface No. of exact let	igth width of	depth of
Drainage Field ditches of each	ditch feet ditches	feet ditches inches
French Drain Required: Linear feet		
Prainage Field ditches of each Linear feet Authorized State Agent		alad a salad
Authorized State Agent	Date _	8/22/17