Harnett County Department of Public Health

PERMIT # Bres 2405-0044

Operation Permit

		PROPERTY LOCATI	ON: 508 spring h	cation Line Repair	Expansion
Name: (owner) Heather	- Holland	SUBDIVISION	on. se of pring of	LOT #	IK ILOU
System Installer: Hol				EUI II	
		ms (3) 6 people			
Type of Water Supply: Communication	ty 🔀 Public 🗆 We	II Distance from well	feet		
System Type:	TypeTig		V and VI Systems expire in 5 year		
(In accordance with Table V a)	,	Owner must contact Health	Department 6 months prior to ex	piration for permit renewal.	
This system has been installed in compliance v	yth applicable North Carolina Genera	Statutes, Rules for Sewage Treatment an	d Disposal, and all conditions of the Impre	ovement Permit and Construction Authoriza	ition.
	\$10.1 F	TUCE (spance)	- Swale	THE AID CONSTITUTION AUTOMIZE	
DEPAUL CONDITIONS		00: 1/1/		→	
PERMIT CONDITIONS: I. Performance: System shall	perform in accordance with Ru	Spring Hill	ch- Rd		
The state of the s	y Rule .1961.	ne .1701.			
	y Rule .1961. Other:		311 13 13 13 13 13 13 13 13 13 13 13 13		
	stem operator required? Yes	□ No 🄀 eration conditions, maintenance a			
IV. Operation:	tactied sheet for additional op	eration conditions, maintenance a	na reporting.		
V. Other:					
✓ D-Box	Pu	mp 🗆/	Alarm \square	H20Line \Box	PWR Line
Following are the specifications for th	e sewage disposal system on	the above captioned property.		4	
	Other			gallons Pump Tank:	gallons
Subsurface No. of Drainage Field ditches	3 exact l	ditch 100 feet	width of ditches	depth of feet ditches	insha
French Drain Required:	Linear feet	1001	untines	icet uitules	_ inches
Authorized State Agent	Mel	A REHO	Date _ l ·	-17-25	