Harnett County Department of Public Health

PERMIT # Bres 2501-0002

Operation Permit

Name: (owner) Patrick Rilary SUBDIVISION	LOT #
Basement with plumbing: Garage Number of Bedrooms 4 (Sprople)	
ype of Water Supply: Community Public Well Distance from well feet	
ystem Type: Types V and VI Systems expi	
In accordance with Table V a) Owner must contact Health Department 6 months	s prior to expiration for permit renewal.
his system has been installed in compliance with applicable North Carolina General Statutes Rules for Sewage Treatment and Disposal, and all condition	one of the Improvement Permit and Construction Authorization
PERMIT CONDITIONS: I. Performance: II. Monitoring: Maintenance: System shall perform in accordance with Rule .1961. As required by Rule .1961. As required by Rule .1961. Operation: IV. Operation: V. Other:	
□ D-Box □ Pump □ Alarm □	H20Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 25% reduction I 94 Septic Tank: 10	2-3
Type of system: Conventional Other 236 FLAUCTION 299 Septic Tank:	gallons Pump Tank: gallons depth of
	depth of
ubsurface No. of exact length width of Orainage Field ditches of each ditch 102 feet ditches	feet ditches 23 inches