HTE# 08-5-19777

## Harnett County Department of Public Health

20204

PERMIT # 24737

Operation Permit

	New Installation Septic Tank  Repair  Nitrificat	ion Line T Expansion
	PROPERTY LOCATION: Mr Kis con Character	Ro
Name: (owner) Mi. PISCAN PRES. C.	wacy SUBDIVISION	LOT #
System Installer: MIXERRY	Registration #	CO1 //
Basement with plumbing: Garage Number of Bedrooms	FELLOWOHLE HALL	
Type of Water Supply:  Community  R. Public  Well	Distance from well \ \ \ \ \ \ feet	
System Type: TTD	Types V and VI Systems expire in 5 years.	
(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 North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.		
	FELLOW FACILITY  JOS 140  CONVENTIONAL  REPAIR  AREA	Et a-nuas us va
McARTHUR Ro		
PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with Rule .1961.  III. Maintenance: As required by Rule .1961. Other:  Subsurface system operator required? Yes  No		
If yes, see attached sheet for additional operation:	ion conditions, maintenance and reporting.	
Y. Other:		
Following are the specifications for the sewage disposal system on the above captioned property.  Type of system: Conventional Other Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 133 feet ditches 5 feet ditches 5 feet ditches 18-30 inches		
French Drain Required: sinear feet	ch 133 feet ditches feet ditches	<u>%−30</u> inches
Authorized State Agent Date 8 14 05		