HTE#<u>08-5-20</u>455

Harnett County Department of Public Health

20215

DEDMIT	44	24939
PERMIT	#	~~M3~1

Operation Permit

	New Installation X Septic Tank Repair X PROPERTY LOCATION: NAME ROOF	Nitrification Line Expansion
Name: (owner) VILLIE DION BLUE	SUBDIVISION	LOT #
System Installer: LARRY SHARRE	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 to expiration	for permit renewal.
This system has been installed in compliance with applicable North Carolina General St	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Pe	rmit and Construction Authorization.
PERMIT CONDITIONS:	REDUCTION REPORT	
I. Performance: System shall perform in accordance with Rule	.1961.	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes 🗆 1		
If yes, see attached sheet for additional operation	tion conditions, maintenance and reporting.	
IV. Operation:		
Y. Other:		
Following are the specifications for the sewage disposal system on the Type of system: Conventional Other Type of Subsurface No-of exact length of each differench Drain Required: The architecture of the sewage disposal system on the Sewage	Septic Tank: 1000 gallons F	Pump Tank: gallons depth of ditches inches
Authorized State Agent	RS Date 8 29 08	