HTE# 09-5-22929

## Harnett County Department of Public Health

21239

PERMIT # 25634

Operation Permit

		New Installation	Septic Tank	🗆 Repair 🔀	Nitrification Line	Expansion
		PROPERTY LOCATIO	N: THOM	AS KELLY B	D	'
Name: (owner)	JERRY R. LITTLE	SUBDIVISION C	1 WHALLE	MCRACKEN		TB
System Installer:	MIKE RAY		#			
Basement with plumb		<u>, 3                                    </u>				
Type of Water Supply	v: 🗆 Community 🗆 Public 🔀 Well		feet			
System Type:		Types V	and VI Systems e	xpire in 5 years.		
(In accordance with I	Table V a)	Owner must contact Health D			for permit renewal.	
This system has been insta	illed in compliance with applicable North Carolina General S					ation.
	DR-VE	52 × 42 20"				
PERMIT CONDITIONS:						
<ul><li>I. Performance:</li><li>II. Monitoring:</li></ul>	System shall perform in accordance with Rule	.1961.				
III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:					
m. numechance.	Subsurface system operator required? Yes	No X				
	If yes, see attached sheet for additional operation		f ronarting			
IV. Operation:	in jes, see attached sheet for additional opera	mon conditions, manifestance and	reporting.			
•						
V. Other:		Verification of the second of				
Following are the spec Type of system:   Subsurface	ifications for the sewage disposal system on the Conventional X Other EZFLON No. of exact lens	4	_ Septic Tank: <u>\</u> width of	.000 gallons	Pump Tank:	gallons
Drainage Field		itch \OO feet	ditches	3feet	depth of ditches 20-13	inches
French Drain Required:			41101103		untines	_ 111/11/23
Authorized State Ag		REHS		Date 1/19	10	