| HTE# | REPAIR | |
|------|--------|---|
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harnett County Department of Public Health

25045

PERMIT # 29513

Operation Permit

| TEMMI # | operation remine | | |
|--|--|-----------------------------|--|
| [| 🗆 New Installation 🗆 Septic Tank 🔀 Nitrification Line 🕽 | Repair T Expansion | |
| | PROPERTY LOCATION: 750 CABIN CREEK L | | |
| Name: (owner) SAMUEL BENEDITY | | | |
| | SUBDIVISION | LOT # | |
| System Installer: BILL HAD | Registration # | | |
| | 3 | | |
| | Distance from well 50 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 perm | nit renewal. | |
| | | | |
| This system has been installed in compliance with applicable North Carolina General Statut | tes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and C | Construction Authorization. | |
| PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .19 | WATER DUMP OVER PUMP POWER OVER PUMP LINE FUMP TANK SEPTIC TANK 961. | | |
| II. Monitoring: As required by Rule .1961. | | | |
| III. Maintenance: As required by Rule .1961. Other: | × | | |
| Subsurface system operator required? Yes No | | | |
| If yes, see attached sheet for additional operation Operation: | n conditions, maintenance and reporting. | | |
| V. Other: | | | |
| □ D-Box □ Pump □ | □Alarm □H20Line □ | PWR Line | |
| Following are the specifications for the sewage disposal system on the ab | | I WK Lille | |
| Type of system: Conventional Other Pune 50 C | | - LOCO - 11 | |
| Subsurface No. of exact length | | | |
| | width of depth of | | |
| French Drain Required: Linear feet | 1 260 feet ditches 5 feet ditches | inches | |
| Linear regularies | | | |
| Authorized State Agent Date 4/33/14 | | | |
| | 7 | | |