

HTE# 05-5-1178212R

Harnett County Department of Public Health 19517

PERMIT # 23779

Operation Permit

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ Expansion

PROPERTY LOCATION: SL 1703 RBD/HSH CARDS

Name: (owner) KEITH BLOCKER SUBDIVISION CSD LOT # 4

System Installer: Gerald Temple Registration # _____

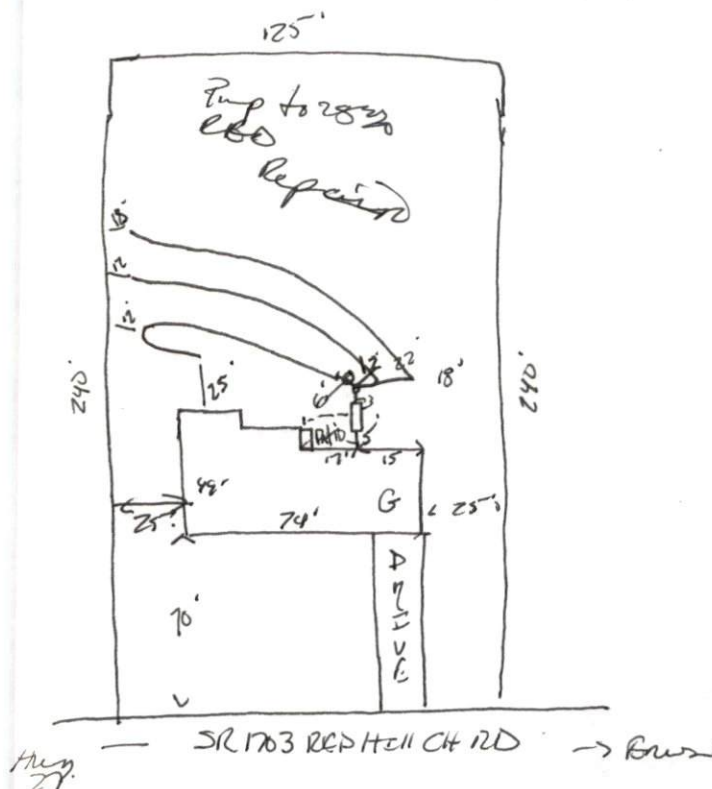
Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 3

Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feet

System Type: 25% Reduction System Type G 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.



PERMIT CONDITIONS:

- | | | |
|------|--------------|--|
| 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 <input type="checkbox"/> No <input type="checkbox"/>
If yes, see attached sheet for additional operation conditions, maintenance and reporting. |
| IV. | Operation: | _____ |
| V. | Other: | _____ |

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional ☒ Other 25% RCD System Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches 24 inches
French Drain Required: _____ Linear feet

Authorized State Agent James E. Montefiore

Date 6-31-87