HTE# 15-5-37419R

Harnett County Department of Public Health

DEDMIT	4	260QZ	
PERMII	#	19083	

24479 **Operation Permit** New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: X/501 JUNNU PAS LOT # ____ Name: (owner) Fric. WOORA! SUBDIVISION Registration # System Installer: Basement with plumbing:

Garage

Number of Bedrooms

Final Use

Type of Water Supply:

Community

Public

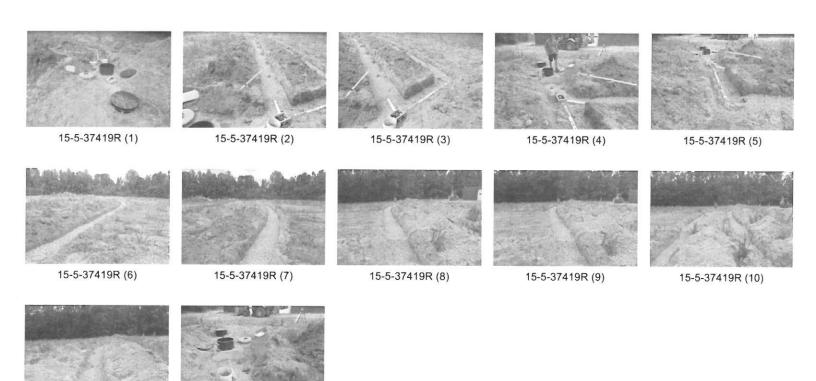
Well

Distance from well

Feet System Type: 2000 Blood Correcture Same Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) 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. FYBIDG well SC 1501 JUNRY 20 PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. 1. 11. As required by Rule .1961. Monitoring: III. Maintenance: As required by Rule .1961. Other: _ Subsurface system operator required? Yes
No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: □ Pump □ Alarm □ H20Line □ D-Box **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Other ____ Septic Tank: 1000 Type of system: Conventional gallons Pump Tank: exact length Subsurface No. of width of depth of ditches 24->18 inches Drainage Field ditches of each ditch 100 feet ditches French Drain Required: Linear feet

Authorized State Agent

Date



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