HTE# 17-5-429352 Harnett County Department of Public Health 24989 PERMIT # 29856 Operation Permit
PERMIT # Permit Operation Permit
PERMIN # Operation Profession Septic Tank Nitrification Line Repair Expansion Name: (owner) Meximitiation Property Location: 219 Edge John CL. (Suggs rd. Sr. 1727) Name: (owner) Subbitision Lot # System Installer: Construction Registration # 2435 Basement with plumbing: Garage Number of Bedrooms 4 Feet Type of Water Supply: Community Public Well Distance from well 150 feet System Type: 35% Reduction System 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.
INSTALL: OG/28/2018 1 KB, COVER INSP. : OG/29/2018 1 1 5]
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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 No If yes, see attached sheet for additional operation conditions, maintenance and reporting.
V. Other:
D-Box Pump Alorm H20Line PWR Line Following are the specifications for the sewage disposal system on the above captioned property. Septic Tank: 1000 gallons Type of system: Conventional Other Following The point of the sewage disposal system on the above captioned property. Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of depth of Drainage Field ditches ditches 3 feet ditches 12 inches French Drain Required: Linear feet Linear feet Linear feet Linear feet Linear feet Linear feet
Authorized State Agent Date Date Date