## Harnett County Department of Public Health

PERMIT # 18-5-43092

Operation Permit

PERMII # 10	130/4	<u>Operation i</u>	adough had by their than the		
				Nitrification Line 🗆 Repa	
				ANE 10 AD (SI 1802	
Name: (owner) _	JEREMY STUCKLAN			L(	OT #
	THOMAS COPPER				
Basement with plumb	0				
Type of Water Supply	25/0 REDICTION STSTEM	ell Distance from well	/ and VI Systems expir	ra in C years	
(In accordance with		Owner must contact Health	Denartment 6 months	prior to expiration for permit renewa	d.
(iii accordance with	Table V a)	Owner must contact reach	population of months	From the supplication of t	
This system has been insta	alled in compliance with applicable North Carolina Gener	al Statutes, Rules for Sewage Treatment and	Disposal, and all condition	s of the Improvement Permit and Construction	Authorization.
			*60	LAUITY TO D-BOX	
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	200		* 1	DSTALL: 10/21/2	2021
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	6	-15-4 T	SED - 12,-		
0	131	——————————————————————————————————————		4	
1	1 1,	CHINBEN 15/(3)	-12'-	) <sup>*</sup>	
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8	25/0 75	>			
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18	Aret				
PERMIT CONDITIONS:					
I. Performance:	System shall perform in accordance with	Rule .1961.			
II. Monitoring:	As required by Rule . 961.				
III. Maintenance:	As required by Rule . 961. Other:	□ w. b¥			
1	Subsurface system operator required? Yes If yes, see attached sheet for additional	operation conditions maintenance	and reporting		
IV. Operation:	if yes, see attached sheet for additional	peration conditions, maintenance	and reporting.		
III. Operation	i				
V. Other:	-ANE 10. (52 180)	7			
			Alarm 🗆	H20Line 🗆	PWR Lin
Following are the sp	ecifications for the sewage disposal system o	n the above captioned property.			
Type of system:	Conventional Other 64	CHANGER III g	And the state of t	gallons Pump Tank:	gallons
Subsurface	No. of exact	length 75	width of	depth of ditches	
Drainage Field	ditches of ea	ach ditch 75 feet	ditches	3 feet ditches 2	inches
French Drain Require	ed: Linear feet				
	(Horlis)	miner		Date 10/21/2021	
Authorized State	Agent	11/11		Date	