HTE# 15-5-35395

## Harnett County Department of Public Health

23647

PERMIT # 28191

Operation Permit

PERMII #	<u>operation i</u>	<u>eriiit</u>		
	New Installation	🕽 Septic Tank 🔀 1	Nitrification Line 🗆 F	Repair 🗌 Expansion
Name: (owner) Hogis Surves		N: BENSON	Ko	10T #
System Installer: OTIS STOICKLAND	SUBDIVISION Registration :			_LOT #
Basement with plumbing: Garage Mumber of Bedroom	MI GRENT HOUS	E (3% wox)		
Type of Water Supply:   Community Public  Well	Distance from well 100	feet		
System Type:	Types V	and VI Systems expire in !		
(In accordance with Table V a)	Owner must contact Health D	Department 6 months prior	to expiration for permit ren	ewal.
This system has been installed in compliance with applicable North Carolina General S	tatutes, Rules for Sewage Treatment and	Disposal, and all conditions of the	e Improvement Permit and Construc	tion Authorization.
				A
D A A T	DEIVE		1 REPA-R ARES	
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:	No. X			<del></del>
If yes, see attached sheet for additional oper		l reporting.		
IV. Operation:				
V. Other:			,, ,,, =	
□ D-Box □ Pump	Δlnr	m 🗆	H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the				I WK LING
Type of system: □ Conventional ☑ Other EZFLO		_ Septic Tank: <u>3006</u>	gallons Pump Tank: _	2650 gallons
Subsurface No. of exact len	gth	width of	depth of \	9
Drainage Field ditches 1 of each d French Drain Required: Linear feet	litch 1050 feet	ditches	feet ditches	8 inches
French Drain Required: Linear feet				
Authorized State Agent	REHS	Date	Sliok	
			,	