HTE# 06-5-14480R

Harnett County Department of Public Health 18784

PERMIT # 22849

Operation Permit

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

PROPERTY LOCATION: CLARK RD SR1129

Name: (owner) DONNA JOHNSON SUBDIVISION — LOT # —

System Installer: GERALD TEMPLE Registration # _____

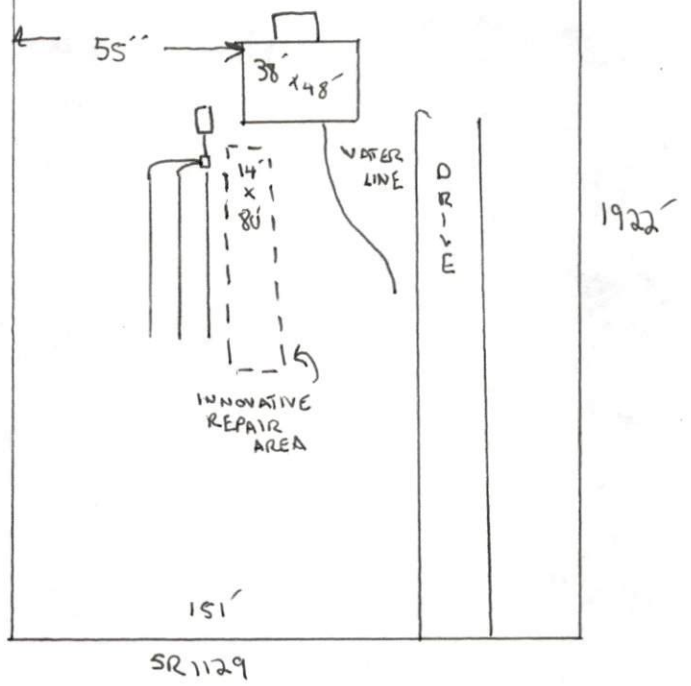
Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3 (360 gpd)

Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 100 feet

System Type: IIa 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 ☐ No ☒

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 _____ Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 70 feet width of ditches 3 feet depth of ditches 36-24 inches

French Drain Required: _____ Linear feet

Authorized State Agent _____ Date 10/18/06