15869 STORAGE HTE# 06-5-15348R

Harnett County Department of Public nealth 18815

PERMIT # 23266

Operation Permit

| PERMIT # 43000 | Operation Termit | × |
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| | New Installation 🗵 Septic Tank 🗆 Rep | pair Nitrification Line Expansion |
| | PROPERTY LOCATION: Hwy Hal (Tie | 2 AA DO.) |
| Name: (owner) JERRY HAMILTON | SUBDIVISION THOMAS LASKIE | |
| System Installer: Ron Wall | Registration # | |
| Basement with plumbing: Garage Number of Bedrooms | | |
| Type of Water Supply: ☐ Community Æ Public ☐ Well | Distance from well 100 feet | |
| System Type: TILL | Types V and VI Systems expire in 5 y | ears. |
| (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 St | atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Ir | nprovement Permit and Construction Authorization. |
| PINETICE NO. 3 | PUMP CONV. REPAIR AREA | |
| | | |
| <i>V</i> | | |
| 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 oper | ation 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 Oth | | |
| | | |
| Authorized State Agent | P-5 Date | 1/17/07 |
| 0 | | |