HTE#<u>07-5-18047</u>

Harnett County Department of Public Health

25837

PERMIT # 242/0

Operation Permit

	New Installation Septic Tank Mitrification Line	Repair Expansion
	PROPERTY LOCATION: Sx 2008 Hospital 176)	
Name: (owner)	SUBDIVISION White Pares	LOT # _ <i>8</i>
System Installer: CAMPA Shanne	Registration #	
Basement with plumbing: Garage Mumber of Bedrooms	3	
Type of Water Supply: Community Public Well		
System Type: Z5% TUD System Typ III B E	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.		
7 mm 3 mm 2 mm 2 mm 2 mm 2 mm 2 mm 2 mm	A ROMANIER DETCH	
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 \(\subseteq \) N	i. D	
If yes, see attached sheet for additional operat	ion conditions maintenance and reporting	
IV. Operation:	on conditions, maintenance and reporting.	
V. Other:		
□ D-Box □ Pump	□ Alarm □ H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the		
Type of system: Conventional Other 2570 Red	EZ CAG Septic Tank: 1000 gallons Pump Tan	k: 1000 gallons
Subsurface No. of exact lengt	h width of depth of	
Drainage Field ditches 3 of each dit French Drain Required: Linear feet	ch <u>IP+5</u> feet ditches <u>3</u> feet ditches _	inches
	nha 1 Date 11-14-10	3