HTE# 08-5-20171

Harnett County Department of Public Health

20339

| PERMIT | # | 24903 |
|--------|---|-------|
|--------|---|-------|

Operation Permit

| | Many Installation XI Consis Tools D. Boursi V. Nic. C. | | | |
|---|---|--|--|--|
| | New Installation 🖄 Septic Tank 🗆 Repair 💢 Nitrifica | tion Line L Expansion | | |
| N Makes | PROPERTY LOCATION: LASATER RO | | | |
| Name: (owner) MERSEMER CONST. CO | | LOT # <u>1</u> | | |
| System Installer: Dris Strickland | Registration # | | | |
| Basement with plumbing: Garage Number of Bedrooms | | | | |
| Type of Water Supply: Community Public Well | Distance from well 100 feet | | | |
| System Type: | 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 permi | it renewal. | | |
| This system has been installed in compliance with applicable Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. | | | | |
| | 179 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | , | | |
| | \ 229 | , | | |
| | L 86 | | | |
| | | | | |
| | 44'x68' | | | |
| | | | | |
| | D 5 (15) 1-21-4 | | | |
| | \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| | So' so I REDUCTION | | | |
| | 20 49 59 40 70 REPAIR 1 | | | |
| | W W () AREA '\ | | | |
| | 1 | | | |
| | | L | | |
| | LASATER RD | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| PERMIT CONDITIONS: | | | | |
| I. Performance: System shall perform in accordance with Rule | 10/1 | | | |
| II. Monitoring: As required by Rule .1961. | .1701. | | | |
| III. Maintenance: As required by Rule .1961. Other: | | | | |
| Subsurface system operator required? Yes | No M | | | |
| If yes, see attached sheet for additional opera | | | | |
| IV. Operation: | tion conditions, maintenance and reporting. | | | |
| V. Other: | | | | |
| 7. VIIICI. | | | | |
| Following are the specifications for the sewage disposal system on the | shove cantioned property | | | |
| Type of system: Conventional Cother EZ FLO | | .t | | |
| Subsurface No. of exact leng | 8 | | | |
| | | | | |
| French Drain Required: Timear feet | tch <u>SCO</u> feet ditches <u>3</u> feet ditches | inches | | |
| All Manus second | | AND THE RESIDENCE AND THE PERSON NAMED IN COLUMN 1 | | |
| Maller III and the second | 08 | | | |
| Authorized State Agent | 25 Date 10/22 08 | <u> </u> | | |
| | | ************************************** | | |