Harnett County Department of Public H....th

21448

| PERMIT # BSOAN | <u>Operation Permit</u> | |
|---|--|---------------------|
| | New Installation 🛮 Septic Tank 🗆 Repair 🔀 Nitrificatio | on Line Expansion |
| | PROPERTY LOCATION: CREEKSVILLE CHURCHY | |
| Name: (owner) SRROPERTIES | SUBDIVISION JAYLIN OAKS | LOT # _13 |
| System Installer: JOHN DIGTONCH | 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 permit | renewal. |
| , | In the second of | |
| 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: | 69,460 tries 300, 300, 300, 300, 300, 300, 300, 300 | |
| 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 □ | | |
| If yes, see attached sheet for additional operation: | ation conditions, maintenance and reporting. | |
| iv. Operation. | | |
| V. Other: | | |
| | | |
| Following are the specifications for the sewage disposal system on the | e above captioned property. | |
| Type of system: Conventional Other E2 FLO | i i | |
| Subsurface No. of exact len Drainage Field ditches of each of | | inches |
| French Drain Required: Linear feet | ditch feet ditches feet ditches _ | ıncnes |
| THE HAND | . 1 | |
| Authorized State Agent | <u>PENS</u> Date 5 13 10 | |
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