| | DO-21475 Harnett County Department of Public Health | 20733 |
|--|--|-----------------------------|
| PERMIT # 25 | Operation Permit | |
| 0.0 | New Installation Septic Tank Repair Nitrifi | cation Line Expansion |
| | New Installation Septic Tank Repair Nitrifi PROPERTY LOCATION: 1135 | |
| Name: (owner) _ | MCMS = 17CV constitute $C = 1-2CV$ | LOT # _) ¶ |
| System Installer: | M.K. Simples Registration # | |
| Basement with plumb Type of Water Suppl | | |
| System Type: | | |
| (In accordance with | Types V and VI Systems expire in 5 years. Table V a) Owner must contact Health Department 6 months prior to expiration for per | rmit renewal. |
| This system has been insta | alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and | Construction Authorization. |
| | - nitch _ 1. 19 | |
| | 110 | |
| | 40 | J: |
| | | |
| | 42/ | |
| | | |
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| | | |
| | 1 A Can-) | |
| | Pump Rena | |
| | | |
| | Qua: | |
| 0.00 | | |
| Dr.v. | | |
| | | |
| The street | | |
| W. | | |
| | | |
| PERMIT CONDITIONS: | | |
| I. Performance: | System shall perform in accordance with Rule .1961. | |
| II. Monitoring: III. Maintenance: | As required by Rule .1961. | |
| m. maintenance. | As required by Rule .1961. Other: | |
| | If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| | | |
| | conventional Other When Septic Tank: 1000 gallons Pump 1 | |
| Subsurface | No. of exact length width of door | |
| Drainage Field | ditches of each ditch 180 feet ditches feet ditche | 3 1 1 |
| French Drain Required | Linear feet | |
| Authorized State A | gent O Date $OS-19$ | 5 g |
| namonized State A | vate U) 1 P | |

and the state of the