HTE# 09-5-21717

Harnett County Department of Public Health

20772

PERMIT #	B5192
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Operation Permit

	New Installation 🗷 Septic Tank 🗆 Repair 🗷 Nitrificat	ion Line Expansion	
	PROPERTY LOCATION: TINGEN RO	•	
Name: (owner) D. WALSH CONSTRUCTI	ON SUBDIVISION TIMEEN PLACE	LOT # <u>53</u>	
System Installer: OTIS STRICKLAND	Registration #		
Basement with plumbing: Garage Number of Bedroom			
Type of Water Supply: Community Rublic 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.	
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.			
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	SSZO REDUCKION REDUCKION 182		
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	u. ×1		
If yes, see attached sheet for additional opera			
IV. Operation:	tion conditions, maintenance and reporting.	***************************************	
V. Other:			
Following are the specifications for the sewage disposal system on the	ahaya captioned property		
Type of system: Conventional Other EZFLo		المم	
Subsurface No. of exact leng		: gallons	
Drainage Field ditches of each di	The second secon	18 -30 inches	
French Drain Required: feet			
Authorized State Agent Date 5/18/09			
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