HTE# 09-5-21779

Harnett County Department of Public Health

20828

PERMIT # 25305

Operation Permit

| | operation remit | |
|--|--|--------------------------------|
| | New Installation 🔀 Septic Tank 🗆 Repair 🗵 Nitr | ification Line Expansion |
| | PROPERTY LOCATION: ADOCOCK RO | |
| Name: (owner) WYMN Consequerion | SUBDIVISION PIONEER FORMS | LOT # 9 |
| System Installer: Cony GILBERT | | LUI #I |
| • | Registration # | |
| Basement with plumbing: Garage Mumber of Bedron | | |
| Type of Water Supply: Community Public W | | |
| 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 p | permit renewal. |
| This many has been insulted by a first or the second of th | | |
| inis system has been installed in compliance with applicable North Carolina Gener | al Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit | nd Construction Authorization. |
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| PERMIT CONDITIONS: | | |
| 1. Performance: System shall perform in accordance with Ri | ıle .1961. | |
| II. Monitoring: As required by Rule .1961. | | |
| III. Maintenance: As required by Rule .1961. Other: | | |
| Subsurface system operator required? Yes [| □ No 🔼 | |
| If yes, see attached sheet for additional op | eration conditions, maintenance and reporting. | |
| IV. Operation: | | |
| | | |
| Y. Other: | | |
| | | |
| Following are the specifications for the sewage disposal system on the | he above captioned property. | |
| Type of system: Conventional Other EZ FL | Septic Tank: 1000 gallons Pump | Tank: gallons |
| Subsurface No. of exact le | | th of |
| | | hes <u>20-18</u> inches |
| French Drain Required: Linear test | | menes |
| Will Hill | | |
| Authorized State Arent | 1 1 non 3 1 1 non | |
| Authorized State Agent | Date 3 1 09 | |
| | | |