HTE# 09-5-21962

Harnett County Department of Public Health

20847

PERMIT # 25454

Operation Permit

New Installation
Septic Tank □ Repair
Nitrification Line □ Expansion

	PROPERTY LOCATION: LEM	16L BLACK RD	eactor Line Expansion
Name: (owner) H=H Consequetors	SUBDIVISION FOREST	Onks	LOT # <u>いつも</u>
System Installer: OTIS STRICKLAND	Registration #		
Basement with plumbing: Garage Number of Bedrooms _	3 °	······	
	Distance from well 100 feet		
System Type:	Types V and VI System	ms expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Department 6	months prior to expiration for per	mit renewal.
This system has been installed in compliance with applicable North Carolina General Statute	s Rules for Sewage Treatment and Disposal and all	conditions of the Improvement Bermis and	Company of the Australia of
	PUMP TO REF	a. a.i	CONTROLOUI AGUIUIZAGUI.
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PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .196 II. Monitoring: As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Yes \(\subseteq \) No \(\subseteq \) If yes, see attached sheet for additional operation	<u> </u>		
V. Other: House Site Built UP To E	LIMINATE NEED FOR Pr.	~ ?	
Following are the specifications for the sewage disposal system on the abo Type of system: Conventional Other Subsurface No. of exact length Drainage Field ditches of each ditch French Drain Required:	ve captioned property Septic Tank: width o	: gallons Pump Ta	of O.
Authorized State Agent	es	Date 7 28 09	