HTE#09-5 21956

Harnett County Department of Public Health

20838

PERMIT # 25456

Operation Permit

X	🕽 New Installation 🗷 Septic Ta	ınk 🗆 Repair 🔀 Nitrificati	ion Line Expansion
	PROPERTY LOCATION: LEm	ver Brace Ro	
Name: (owner) Conness Land Devalormen	5 SUBDIVISION FOREST	OAKS	LOT # 18)
System Installer: D.C. CASTEST	Registration #		
1 9 =8- (1 2001001113	3		
	istance from well 100 feet		
System Type:	Types V and VI System		
(In accordance with Table V a) 0	wner must contact Health Department 6 i	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.			
	101		
	PARTIAL AST. GREATIAL AST. REDUCTION REPAIL 10 × 38 / 20 / 20 / 20 / 20 / 20 / 20 / 20 / 2	30	
<u>L</u> B:	-UEBONNEY ORK CT		
Ρ,	-UEBONNET UNK CT		
PERMIT CONDITIONS:			
 Performance: System shall perform in accordance with Rule .196 Monitoring: As required by Rule .1961. 	I.		
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:			
Subsurface system operator required? Yes \(\substact \) No	ći –		
If yes, see attached sheet for additional operation			
IV. Operation:	conditions, manifectance and reporting.		
V. Other.			
Following are the specifications for the sewage disposal system on the above Type of system: Conventional Other Ties Chips	e captioned propertySeptic Tank:	_ 1○○○ gallons Pump Tank	:: gallons
Subsurface No. of exact length	width of		
Drainage Field ditches 3 of each ditch _	80 feet ditches _	reer arranes	18-30 inches
French Drain Required: tinear feet		geron	w Norweal Groot
Authorized State Agent	\ \\	Date 7 15 09	