1245-1861

HTE# 10-5-25602R Harnett County Department of Public Health 23181
PERMIT # 27574 Operation Permit
🗹 New Installation 🗹 Septic Tank 🛛 Nitrification Line 🗔 Repair 🗔 Expansion
Name: (owner) STFPHBNSON Bulles SUBDIVISION JOHNSON FOR LOT # 18
System Installer: Alcock Branster Registration #
Basement with plumbing: Garage Kumber of Bedrooms 3 Type of Water Supply: Community Public Well Distance from well feet
System Type: 25% NEDUCTUR, SUSTER TYPE & 132 CAupper, 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 Catolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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11 SFD
<u>5 63</u> 54 <u>5</u> 54
35' R WIL
Speddle Lone
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 🗆 No 🗔 If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
□ D-Box □ Pump □ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: ロ Conventional ロ Other <u>25% れたかい いてい</u> Septic Tank: <u>100 ひ</u> gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches <u>4</u> of each ditch <u>70</u> feet ditches <u>3</u> feet ditches <u>24</u> inches French Drain Required: Linear feet
S A 1 the 2 (1)
Authorized State Agent Date Date Date
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