HTE# 13-5-30396 Harnett County Department of Public Health
PERMIT # <u>37149</u> <u>Operation Permit</u> 22897
🔀 New Installation 🛛 Septic Tank 📈 Nitrification Line 🗆 Repair 🗀 Expansion
Name: (owner) LARENE S. BRANCH SUBDIVISIONLOT #
System Installer: CROCKEZ Registration #
Basement with plumbing:  Garage K Number of Bedrooms Type of Water Supply:  Community C Public K Well Distance from well <u>100</u> 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.
~~~\\ \  & \
PAIL FRI
E A REILIA E I
5
i ) ° L ar
P Lunisc
A HOUSE
H I
ſ
(W) CANFOCE
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.       PWR Line       PWR Line
Type of system: Conventional X Other <u>EZtrow</u> Septic Tank: <u>1000</u> gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of J8-22 inches
French Drain Required:
Authorized State Agent Date 9/3/13
Authorized State Agent Date 1313