HTE# 13-5-3/640

## Harnett County Department of Public Health

PERMIT # <u>2755 4</u>	Operation Permit	23006
[	New Installation Septic Tank Nitrification Line	☐ Repair ☐ Expansion
	PROPERTY LOCATION: 52/418 Roven KD	
Name: (owner) Traus B Bailey	SUBDIVISION Rogal Crest	LOT #
System Installer: OTIS STREAMOND	Registration #	
Basement with plumbing: Garage Mumber of Bedrooms	<u>4</u>	
Type of Water Supply: 🗆 Community 🗹 Public 🗆 Well	Distance from well feet	
System Type: 252 Resources System Type II	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 pe	rmit 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.		
1601+	The state of the s	
PERMIT CONDITIONS:	0/1	
I. Performance: System shall perform in accordance with Rule .1  II. Monitoring: As required by Rule .1961.	701	
III. Maintenance: As required by Rule 1961. Other:		
Subsurface system operator required? Yes 🗆 No		
If yes, see attached sheet for additional operation	on 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 a	bove captioned property.	
Type of system: Conventional Other 25% (25) No.	Septic Tank: 1250 gallons Pump	Tank: gallons
Subsurface No. of exact length Drainage Field ditches of each ditc	· 7	th of thes <u>24</u> inches
Drainage Field ditches of each ditc French Drain Required: Linear feet	h 100 feet ditches 3 feet ditc	thes <u>24</u> inches
Trainer Drain required. Linear rect	1 — 20.14	
Authorized State Agent are & Maril	Date 11-19-	13