HTE# 13-5-31947

Harnett County Department of Public Health

23055

PFRMIT# \$ 165	PERMIT	#	2	76	5	7
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Operation Permit

PERMIT #	<u>operation remint</u>
	New Installation Septic Tank Mitrification Line Repair Expansion
	PROPERTY LOCATION: O-0 US421
Name: (owner) CARO CONSTRUCTION	
System Installer: OTTIS STRICKLAND	Registration #
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply: Community Public Well	Distance from well 100 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.
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This system has been installed in compliance with applicable North Carolina General Str	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
OLO 0342)	JOSEON MAY
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 🗆 N	
If yes, see attached sheet for additional operat	ion 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	
Type of system: \Box Conventional \boxtimes Other $\boxed{E \supseteq F}$	
Subsurface No. of exact lengt	المائين المائين
Drainage Field ditches of each dit	tch 75 feet ditches 3 feet ditches 30-24 inches
French Drain Required:	
Authorized State Agent	8645 Date 11/14/13