HTE# 13-5-32,195

## Harnett County Department of Public Health Operation Permit

23132

DERMIT	#	27617	
CULIII	#	a 101 1	

PERMIT # <u>27617</u>	<u>Operation Permit</u>
	New Installation Septic Tank Nitrification Line  Repair  Expansion
	PROPERTY LOCATION: Docs RD
Name: (owner) WYMN CONSTOUCTION	
System Installer: THORSONS PLUMBING	Registration #
Basement with plumbing: Garage Number of Bedroom	s Ly
Type of Water Supply:   Community R Public   Well	
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 S	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	REPAIR 1
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	218
1	House
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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 oper	ation conditions, maintenance and reporting.
IV. Operation:	
W 0.1	
V. Other:	
□ D-Box □ Pump	□ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the	
Type of system:  Conventional Other Pump To	
Subsurface No. of exact leng	th width of depth of
Drainage Field ditches 3 of each d	itch 70 feet ditches 3 feet ditches 27 inches
French Drain Required: Linear feet	
	- 10
Authorized State Agent / June / Lean Lt	Date 1/27/294