Harnett County Department of Public Health HTE# 12-5-32228 23090 Operation Permit

New Installation Septic Tank Nitrification Line
Repair
Expansion PERMIT # 27624 PROPERTY LOCATION: Doing Name: (owner) ___ SUBDIVISION Trotter Ridge LOT # 5^9 System Installer: Registration # _____ Basement with plumbing: Garage Number of Bedrooms Type of Water Supply:

Community Public ☐ Well Distance from 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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. PERMIT CONDITIONS: 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: ٧. Other: □ Pump □ Alarm □ D-Box H20Line □

of each ditch 80 ditches 18-24 inches French Drain Required: Linear feet Authorized State Agent

__ Septic Tank: / du a

width of

gallons Pump Tank: _____ gallons

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:

Conventional

No. of

ditches

Subsurface

Drainage Field

1 Other FZF/ow