HTE# 14-534157 12

Harnett County Department of Public Health

23740

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| DERMIT | # | 24/81 |

| PERMIT # 26181 | <u>Operation Permit</u> |
|--|--|
| | New Installation A Septic Tank Mitrification Line Repair Expansion |
| | PROPERTY LOCATION: DOCS RO |
| Name: (owner) WYMN CONSONUCTO | |
| System Installer: TI2 0050NS PLUMBIN | G Registration # |
| Basement with plumbing: Garage Number of Bedroom | |
| Type of Water Supply: Community 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. |
| | • |
| PERMIT CONDITIONS: | DRAIN SOLIA HOUSE SE A PREAD PROBLEM KENTUCKU OKABU ZN |
| 1. Performance: System shall perform in accordance with Rule | .1961. |
| II. Monitoring: As required by Rule .1961. | |
| III. Maintenance: As required by Rule .1961. Other: | No X |
| If yes, see attached sheet for additional opera | ation 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. |
| Type of system: □ Conventional 図 Other ビステンの | 0 |
| Subsurface No. of exact leng | ` |
| French Drain Required: Linear feet | itch 270 feet ditches 3 feet ditches 18 inches |
| Drainage Field ditches 1 of each di French Drain Required: Linear feet Authorized State Agent | 1 1 |
| Authorized State Agent | Date 8/7 15 |