HTE# 14-5-34256

Harnett County Department of Public Health

23572

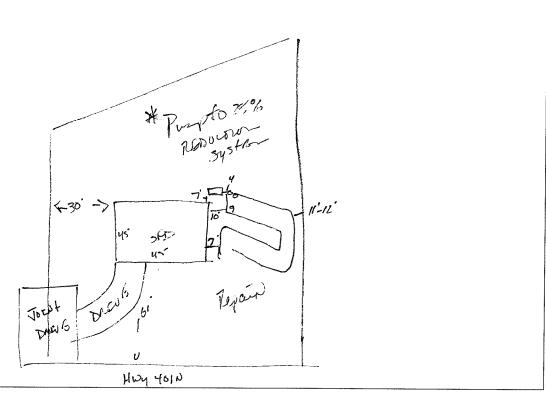
PERMIT # 28056

Operation Permit

New Installation Septic Tank Mitrification Line Repair Expansion

PROPERTY LOCATION: 14w, 4010		
Name: (owner) Marty Tant Custon Home SUBDIVISION South Arder	_LOT #	43
System Installer: <u>Jaso matthus</u> Registration #		
Basement with plumbing: Garage Mumber of Bedrooms 3		
Type of Water Supply: Community Public Well Distance from well feet		
System Type: 25% No Down System Type III G EZ CAY, 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 ren	iewal.	

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.



PERM	IT CONDITIONS:								
l.	Performance:	System shall perform in	n accordance with Rule .1961.						
II.	Monitoring:	As required by Rule .1	961.						
III.	Maintenance:	As required by Rule .1	961. Other:						
		Subsurface system oper	ator required? Yes 🗌 No 🗌						
		If yes, see attached sho	eet for additional operation conditio	ns, maintenance and repo	rting.				
IV.	Operation:		•	•					
V.	Other:	-			-				
_		D-Box 🗆	Pump 🗆	Alarm 🗆			H20Line		PWR Line
Follow	ing are the speci	fications for the sewage	disposal system on the above caption	oned property.					
	of system: 🗆	Conventional 🗹 0	ther 25% REDUCTIONS		ic Tank: _	1000	gallons	Pump Tank:	gallons
Subsur	rface	No. of	exact length	/	width of	•	- 0	depth of	o
	age Field	ditches	of each ditch <u>17</u>	b feet	ditches	3	feet	ditches 28->18	inches
French	Drain Required:		Linear feet						-

Authorized State Agent_