HTE# 14-5-34763 Harnett County Department of Public Health 23452	
PERMIT # $28047$ _ Operation Permit	
PERMIT # <u>28047</u> Mew Installation Septic Tank Nitrification Line Repair Expan PROPERTY LOCATION: <u>Pearst La</u>	ision
Name: (owner) Christinat Rich Bertran SUBDIVISION Briggs Form LOT #	<u> </u>
System Installer: <u>Ott: 5 Strickland</u> Registration # Basement with plumbing: Garage UNumber of Bedrooms 4	
Type of Water Supply:  Community  Public  Well  Distance from well  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.	
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:	
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 operation 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       Image: Conven	ons
Drainage Field ditches $\underline{\mathcal{A}}$ of each ditch $\underline{/00}$ feet ditches $\underline{\mathcal{J}}$ feet ditches $\underline{\mathcal{J}6}$ inches French Drain Required: Linear feet	
Authorized State Agent June Million, REHO Date 4/7/2015	