Harnett County Department of Public Health HTE# 14-5-35068 23609 Operation Permit

New Installation ✓ Septic Tank ✓ Nitrification Line ✓ Repair ✓ Expansion PERMIT # 28206 PROPERTY LOCATION: SN1447 RAPENS CIUB RD SUBDIVISION MAGNO/IA CREST LOT # 2Z Name: (owner) ____ Registration # System Installer: JASO Marthan Garage Number of Bedrooms Basement with plumbing: Type of Water Supply:

Community Public

Well Distance from well _ Ty re UR 6 2 ZLUSTypes V and VI Systems expire in 5 years. System Type: 25% NBD (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, Land all conditions of the Improvement Permit and Construction Authorization. 43 ALBAN ROW PERMIT CONDITIONS: ١. Performance: System shall perform in accordance with Rule .1961. II. As required by Rule .1961. Monitoring: III. Maintenance: As required by Rule .1961. Other: ___ Subsurface system operator required? Yes \(\square\) No \(\square\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: V. Other: □ Pump □ Alarm \square H20Line □ **PWR Line** D-Box Following are the specifications for the sewage disposal system on the above captioned property. Type of system:
Conventional Other 25% (Characteristic) Septic Tank: 1000 gallons Pump Tank: _

Authorized State Agent Jones & Manhand &

Linear feet

exact length

of each ditch 70

Subsurface

Drainage Field

French Drain Required:

No. of

ditches

Date 6-24-15

width of

ditches

depth of