HTE# 15-5-36305

Harnett County Department of Public Health

23738

PERMIT # 28337

Operation Permit

PERMIT # _ # OD 1	<u>Operation remit</u>
	New Installation Septic Tank Mitrification Line Repair Expansion
	PROPERTY LOCATION: RINGNECK CY
Name: (owner) WEAVER DEVELOPMENT	
System Installer: OTSIS STRICKLAND	Registration #
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply: Community Republic Well	Distance from well 100 feet
System Type: The	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 St	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	NECK 61
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 If yes, see attached sheet for additional opera	tion conditions, maintenance and reporting
IV. Operation:	don conditions, maintenance and reporting.
11. Operation.	
V. Other:	
	D HOUSE D HOUSE
	□ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the	
Type of system: Conventional Other E2 FLC	, , , , , , , , , , , , , , , , , , , ,
Subsurface No. of exact leng	
	tch 150 feet ditches 1 feet ditches 18421 inches
French Drain Required: Linear feet	1
	11
Authorized State Agent	Date P615