HTE# 15-5-36705R

## Harnett County Department of Public Health

24543

PERMIT # 29119

Operation Permit

	□ New Installation □ Septic Tank □ Nitrification Line □ Repair □ Expa	ansion
11 / 1 / 1 / 2 / 2	PROPERTY LOCATION: HOLLIES RIES RO	
Name: (owner) WILLIAM JEFFREY BY		
System Installer: Team Maries	Registration #	
Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Number of Bedrooms	Distance from well feet	
System Type: Community & Public   Well		
(In accordance with Table V a)	Types V and VI Systems expire in 5 years.  Owner must contact Health Department 6 months prior to expiration for permit renewal.	
· · · ·	omes most conduct reach began unent o months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
PERMIT CONDITIONS:	EXISTING HOME HOME LINES  OF  THE STING HOME HOME HOME	
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 \( \subseteq \)	• ×	
If yes, see attached sheet for additional operation:	. •	
V. Other:		
□ D-Box □ Pump	□ Alarm □ H20Line □ PW	R Line
Following are the specifications for the sewage disposal system on the a	above captioned property.	
Type of system: K Conventional D Other	Septic Tank: Septic Tank: gallons Pump Tank: ga	llons
Subsurface No. of exact length	width of depth of	
Drainage Field ditches of each ditc	th 50 feet ditches 3 feet ditches 24-30 inches	į
French Drain Required: tinear feet		
Authorized State Agent	Date 4/2017	