HTE#16-538039RR

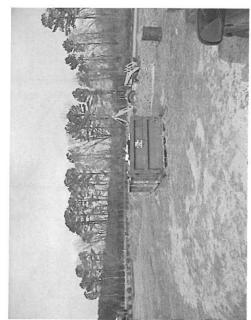
## Harnett County Department of Public Health

24450

PERMIT # 28786

Operation Permit

	Mew Installation	Repair   Expansion
" · · · · · · · · · · · · · · · · · · ·	PROPERTY LOCATION: Ross Ro	
Name: (owner) KIMBERLY GARDNER		LOT # _3
System Installer: Tommy Coley	Registration #	
Basement with plumbing:  Garage Mumber of Bedroom		
Type of Water Supply:   Community Public   Well		
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 r	enewal.
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.		
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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:		
III. Maintenance: As required by Rule .1961. Other:	No. M	
If yes, see attached sheet for additional operation	NO A	
IV. Operation:	ation conditions, maintenance and reporting.	
		ő
V. Other:		
□ D-Box □ Pump	□ Alarm □ H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the		
Type of system: 🗆 Conventional 🗏 Other 🖃 🗔 🖼	<u>O₩</u> Septic Tank: 1 <u>OO</u> gallons Pump Tank:	gallons
Subsurface No. of exact leng	th width of depth of	
Drainaga Eigld disches \	itch 400 feet ditches 3 feet ditches 1	8-24 inches
French Drain Required: Linear feet		500 <b>3</b> . 50
This I M		
Authorized State Agent	86HS Date 22177	
0	Date of all	



16-5-3803988









