HTE# 16-5-39353

Harnett County Department of Public Health

25249

PERMIT # 28943

Operation Permit

PENIII # 60197	<u>operation remitt</u>
	New Installation 🖂 Septic Tank Mitrification Line 🗆 Repair 🗆 Expansion
	PROPERTY LOCATION: TINGEN RD
Name: (owner) Mclesy Contractin	GURDINICION B. C CASO C- 101 # 1011
System Installer: GARNER SERTIC	Registration #
Basement with plumbing: Garage Number of Bedroom	
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.
71.	
This system has been installed in compliance with applicable North Carolina General S	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	TINGEN RD
	REPAIR AREA HOUSE DATE HOUSE
	BLUE CHIP CT
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:	. •
V. Other:	
	□Alarm □H20Line □PWR Line
Following are the specifications for the sewage disposal system on the	
Type of system: Conventional Other Chamber	
Subsurface No. of exact leng	
Orainage Field ditches of each di	tch 150 feet ditches 3 feet ditches 18-36 inches
French Drain Required: Linear feet	
	1 . 14
Authorized State Agent	Date 11 30 18