HTE# 16-5-39663

Harnett County Department of Public Health

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PERMIT	44	/	7/1/	_ /

Operation Permit

New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION-Sav083 mm RD Name: (owner) DAVID LOT # _____ SUBDIVISION ____ System Installer: Kennet Registration # Basement with plumbing:
Garage
Number of Bedrooms Type of Water Supply:

Community Public Well Distance from well 160 + feet Type IV 36 Types V and VI Systems expire in 5 years. System Type: 25% Reduct w. Systa Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) the Improvement Permit and Construction Authorization. This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions 3 132 SFA PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. I. Performance: II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes

No If yes, see attached sheet for additional operation conditions, maintenapte and reporting. IV. Operation: ٧. Other: Pump □ Alarm □ D-Box H20Line □ Following are the specifications for the sewage disposal system on the above captioned property. 1 Other 75% 120d Septic Tank: 1000 Type of system:

Conventional gallons Pump Tank: Subsurface No. of width of of each ditch 300 feet Drainage Field ditches ditches French Drain Required: Authorized State Agent