HTE#	17	-5-	4088	9
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Harnett County Department of Public Health

24591

PERMIT	#	29455

Operation Permit

TEMIN #	operation								
	New Installation	Septic Ta	nk Nitrificatio	n Line 🗆 Repair	□ Expansion				
Name: (owner) GARA ROBINSON HOM	ES SUBDIVISION	ATION: Ba	1-02m	LOT	# 1)				
System Installer: EDDIE GARNER		ion #	11.01	LOI	# <u>* 1 </u>				
Basement with plumbing: Garage W Number of Bedrooms	3								
Type of Water Supply: Community Public Well	Distance from well								
System Type:			s expire in 5 years.						
(In accordance with Table V a)	Owner must contact Hea	olth Department 6 n	nonths prior to expiration	on for permit renewal.					
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.									
				Termit and construction Author	nization.				
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PERMIT CONDITIONS:									
I. Performance: System shall perform in accordance with Rule .19	61.								
III. Maintenance: As required by Rule .1961. Other: No									
If yes, see attached sheet for additional operation		and reporting							
IV. Operation:	conditions, maintenance	and reporting.							
				400	• 3				
V. Other:									
□ D-Box □Pump □		Alarm 🗆	H20Line	e 🗆	PWR Line				
Following are the specifications for the sewage disposal system on the abo	we captioned property.								
Type of system: Conventional Other C1-14 M B62 Subsurface No. of exact length	(KA)	Septic Tank:	LOO gallons	s Pump Tank:	gallons				
	180 feet	width of	3 feet	depth of ditches 27	V W				
Drainage Field ditches of each ditch French Drain Required: Linear feet		ditches _	feet	ditches 2 Y	inches				
Drainage Field ditches of each ditch French Drain Required: Linear feet									
Authorized State Agent	RENS .		Date [27]	\Box					
, , ,			Date	. /					







