25168

HTE# 17-5-41364

Harnett County Department of Public Health

Operation Permit PERMIT # 29388 New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: \$2/799 WISE RS Name: (owner) Buddy R NEWSWAYER SUBDIVISION_ LOT # 4 System Installer: HAS Breller Registration # Basement with plumbing: Garage

Number of Bedrooms Type of Water Supply: Community Public Well Distance from well _______ System Type: 25 to Reduction System T 4 10 H G B Zypes V and VI Systems expire in 5 years. (In accordance with Table V a) wher must contact Health Department 6 months prior to expiration for permit renewal. This system has been installed in compliance with applicable North Carolina General ! and Disposal, and all conditions of the Improvement Permit and Construction Authorization. **PERMIT CONDITIONS:** System shall perform in accordance with Rule . 1961. Performance: Monitoring: II. 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, maintenance and reporting. SRITTS WESE RD IV. Operation: ٧. Other: □ ____Pump □ ____ D-Box Alarm \square H20Line □ **PWR Line** Septic Tank: gallons Pump Tank: Subsurface exact length width of depth of ditches 18-14 inches Drainage Field ditches of each ditch ditches French Drain Required: Linear feet Authorized State Agent