HTE#17-5-41392

## Harnett County Department of Public Health

24756

PERMIT # 29540

Operation Permit

			fication Line 🗆 Repair 🗆	Expansion
Name: (owner) JOHN KNICHT		Commines R		1
System Installer: OTIS STOTONIANO			υν π _	
Basement with plumbing: Garage Number of Bedrooms	9			
Type of Water Supply:   Community Public   Well	Distance from well	feet		
System Type:		nd VI Systems expire in 5 year	ars.	
(In accordance with Table V a)	Owner must contact Health Dep	partment 6 months prior to 6	expiration for permit renewal.	
The state of the s	D. L. C. Course Treatment and Die	Land III conditions of the Impe	Demit and Construction Authorization	
PERMIT CONDITIONS:  1. Performance: System shall perform in accordance with Rule	HOUSE  HOUSE  ANGA  CUMMINCS	posal, and all conditions of the map	rovement rermit and Construction Authorization	1011.
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 open	ation conditions, maintenance and	reporting.		
IV. Operation:				
V. Other:				
	□ Alarm	ı 🗆	H20Line	PWR Line
Following are the specifications for the sewage disposal system on the	e above captioned property.	f - 7 1 1000	U B Taala	-allana
Type of system:  Conventional Other E2 Framework  Subsurface No. of exact let	ow orth	Septic Tank: 1000 width of	gallons Pump Tank: depth of	gallons
	ditch 200 feet	ditches 3	feet ditches 36-78	inches
French Drain Required: Linear feet	itti ieet	utches	_ icet ditches	_ inches
				1
Authorized State Agent	nears	Date	0/26/17	