HTE# 18-5-43727

Harnett County Department of Public Health

25374

PERMIT # 297944

| PERMIT # | <u>Uperatio</u> | n Permit | 3/1 153 | 7 | |
|---|---|-----------------------------------|-------------------------------|----------|--|
| | New Installation | n Septic Tank | Nitrification Line 🗆 Repair 🗆 | | |
| | PROPERTY LO | CATION: 205 Barda | - Dr. (Lanadan A | | |
| Name: (owner) | Daniel Johnson SUBDIVISIO | N Barrie | LOT # | 20 | |
| System Installer: | Gene's Bushoe Service Registra | tion # | 201 11 | | |
| Basement with plumbi | | tion # | | | |
| | ly: Community Public Well Distance from well | ~A feet | | | |
| | | ypes V and VI Systems expire in 5 | vears. | | |
| (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. | | | | | |
| | $\not\exists$ | | | | |
| This system has been instal | 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. | | | | |
| 2540 NESSUCTION BURN | | | | | |
| | DE-AIR DIAN | | | | |
| | N-E-AIR | / _/ / | | | |
| | | / | | | |
| | 1 FURNICE 1 | | | | |
| | 1 oak | | | | |
| | 7000 | . / | | | |
| | | , | * GIN IMPORTES | > | |
| | | | SOIL COVER | | |
| | 304 50 | ' h | ADDED POST | | |
| | h_ 1+ | | INSTALL | | |
| | PONCH | | | | |
| | 131 151 91 15 | 1 0 1 | PUMP TO REPAIR | | |
| | 121 157 15 | | BEHND FOTURE | | |
| | (1) | 1 | BARN ANEA | 1 | |
| | | | .5. | | |
| | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ¥ | 15FT FROM PONCH - | DEADT C | |
| | /7/E/E | 1 1 1 | | | |
| | \ \ \ | \ E . | 17FT FROM PLACH | 100 | |
| | \ \ \ | | 12FT FROM TANK | -> 0-Ba | |
| | \ ** | NEE- | | | |
| DEBMIT COMPUTIONS | | | | | |
| PERMIT CONDITIONS: | Server shall ready in the Server Server Server Server | 1 , | | | |
| Performance: Monitoring: | System shall perform in accordance with Rule .1961. As required by Rule .1961. | BALLLAY DR | | | |
| III. Maintenance: | As required by Rule .1961. Other: | | | | |
| m. Hamtenance. | Subsurface system operator required? Yes \(\square\) No \(\square\) | | | | |
| | If yes, see attached sheet for additional operation conditions, maintenan | ice and reporting. | | | |
| IV. Operation: | | | | | |
| | | | | | |
| V. Other: | | | | | |
| | D-Box | Alarm \square | H20Line □ | PWR Line | |
| Following are the speci | cifications for the sewage disposal system on the above captioned property. | | | _ | |
| Type of system: | | | gallons Pump Tank: | gallons | |
| Subsurface | No. of exact length | width of | | — 8 | |
| Drainage Field | ditches of each ditch 10 feet | ditches3 | depth of ditches 14 | inches | |
| French Drain Required: | d: Linear feet | | | | |
| | | | | | |
| Authorized State Agent 64 3019 | | | | | |