HTE# 18-5-13958

## Harnett County Department of Public Health

25268

PERMIT # 30106

Operation Permit

	New Installation Septic Tank Nitrification Line  Repair  Expansion
	PROPERTY LOCATION: FULLON LN
Name: (owner) MATTHEN BROWN	SUBDIVISION RESECCE PUT NUM LOT # 4A
System Installer: YELLOW OOC	Registration #
Basement with plumbing:  Garage  Number of Bedroom	s <u>3</u>
Type of Water Supply:   Community   Public   Well	
System Type:	Types V and VI Systems expire in 5 years.
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration 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.	
	110005
	SLEEVED W) DOUBLE WALL CORRUCATED PIPE  REDAIR ADEA
PERMIT CONDITIONS:	FULTON LU >
I. Performance: System shall perform in accordance with Rule	.1961.
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes	No X
IV. Operation:  If yes, see attached sheet for additional oper	ation conditions, maintenance and reporting.
V. Other:	
□ D-Box □ Pump	□ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system:  Conventional Other Change	Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface No. of exact len	gth width of depth of
Drainage Field ditches of each of	ditch 300 feet ditches 3 feet ditches 18 inches
French Drain Required: Linear feet	
Authorized State Agent	RGH5 Date 1/28/19