Harnett County Department of Public Health

25385

PERMIT # 30082

Operation Permit

| Tollie 1/ | New Installation Septic Tank Mitrification Line | 🗌 Repair 🔲 Expansion |
|---|---|----------------------|
| Fred Wade (owner) | PROPERTY LOCATION: 588 W. Tast Rd. (51) | L 2060) |
| Name: (owner) Brandon Smith | SUBDIVISION | LOT # |
| System Installer: Larry Sharpe | Registration # | |
| Basement with plumbing: Garage Garage Humber of Bedrooms | | |
| Type of Water Supply: Community Public Well | | |
| System Type: 25% nearting Sys. II | | |
| (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. | | |
| | | |
| | | |
| | * DO NOT D | RIVE |
| | OVER SEP | TIC |
| | ALEA | |
| CASES? | *WATER LINE | PROPOSED |
| | BUT NOT RU | SIC |
| | - [METER PRE | SENT] |
| | CMACE X RUMP TO 5090 | PPBPS |
| | REPAIR ABO | UE |
| | INITAL SYS | - |
| | * CANALIST X EXT TANKE | DRANCINE |
| EXT WELL TO | X EXT TANK & ABANDONED | PRIOR TO |
| X - 501 | 1 - A BANDONED PERMITTING | |
| | FILMITTING | ricoless |
| 302 550 | 8 7% | |
| | EZ FLO.D LER | |
| D FENCH) | 75(3) | |
| | 厨 | |
| 1 1 9 | PUMP TO SO% PPOPS | |
| PERMIT CONDITIONS: | REPAIR AREA | -> |
| 1. Performance: System shall perform in accordance with Rule .1961. w | | |
| II. Monitoring: 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. | | |
| IV. Operation: | | |
| 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 F | | nk: gallons |
| Subsurface No. of exact leng | oth width of denth o | f |
| Drainage Field ditches of each di | ditch 75 feet ditches 3 feet ditches | inches |
| French Drain Required: Linear feet | | |
| 7 | 11 -1 - | 10 |
| Authorized State Agent | Date 04 12 20 | >19 |