

HTE# \_\_\_\_\_

# Harnett County Department of Public Health

25425

PERMIT # \_\_\_\_\_

## Operation Permit

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION:  Hwy 210

Name: (owner)  Anne Low Giffles

SUBDIVISION \_\_\_\_\_

LOT # \_\_\_\_\_

System Installer:  Crest Adg.

Registration # \_\_\_\_\_

Basement with plumbing:  Garage  Number of Bedrooms  3

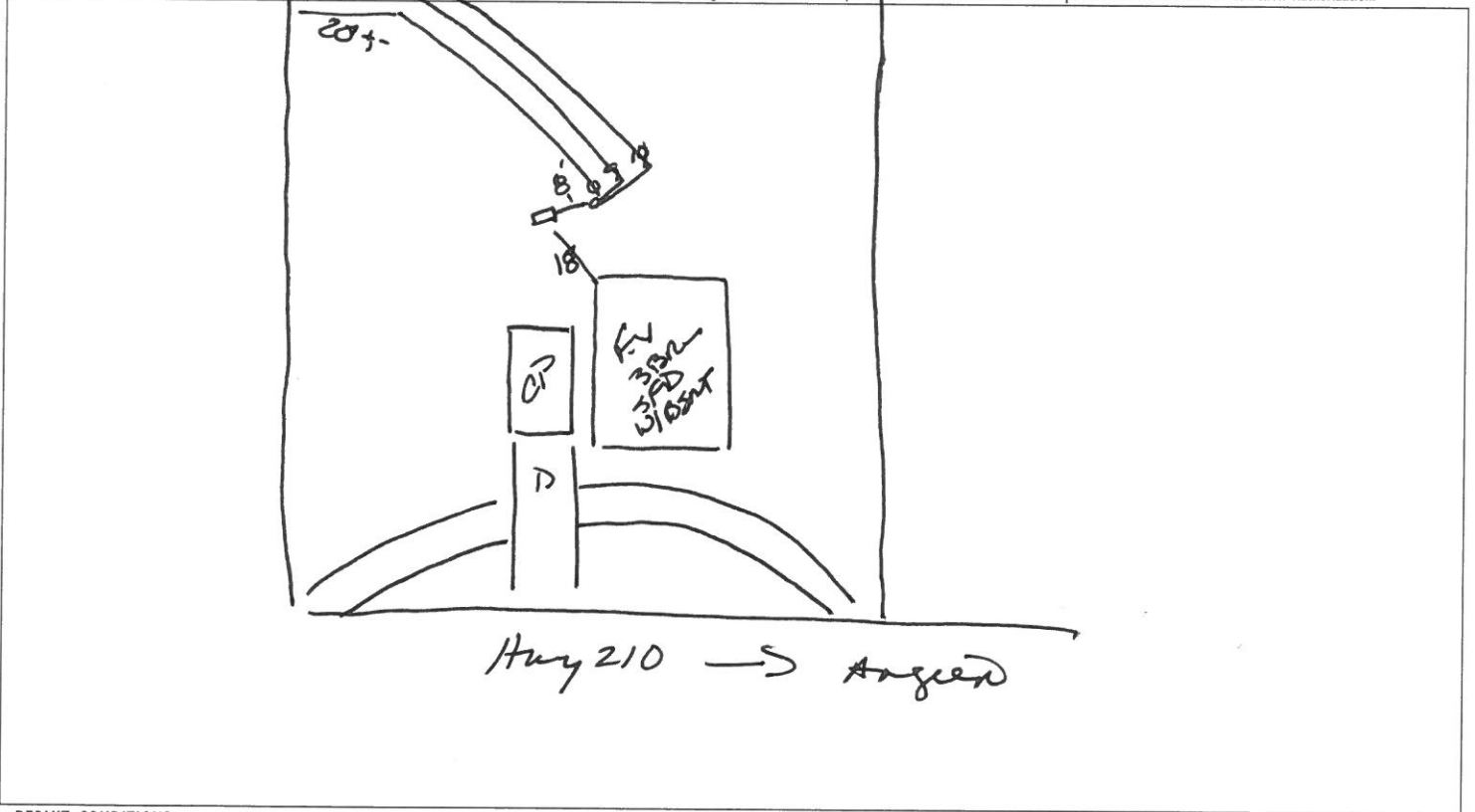
Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

System Type:  2590 R2SD 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.



### PERMIT CONDITIONS:

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

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: \_\_\_\_\_

V. Other: \_\_\_\_\_

D-Box  Pump  Alarm  H2O Line  PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:  Conventional  Other  2590 R2SD EZLAY  Septic Tank:  1000  gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches  3  exact length of each ditch  80  feet width of ditches  3  feet depth of ditches  24  inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent  James E. Markon

Date  5-9-19