## Harnett County Department of Public Health

PERMIT # EH 909-0612	Operation Permit
,	□ New Installation □ Septic Tank ☑ Nitrification Line □ Repair ☑ Expansion
1	PROPERTY LOCATION: 5/2/440 James Norris RAS
Name: (owner) James Cherry	SUBDIVISION Needs Crack Farm LOT # 150
System Installer: Shave Mesonard	
Basement with plumbing: Garage Mumber of Bedrooms	
Type of Water Supply:  Community Public Well	Distance from well feet Types V and VI Systems expire in 5 years.
System Type: Concentronal (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 S	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rul	e .1961.
II. Monitoring: As required by Rule .1961.	
Subsurface system operator required? Yes	ration conditions, maintenance and reporting.
IV. Operation:	Tadon conditions, maintenance and reporting.
V. Other:	np □ Alarm □ H20Line □ PWR Line
D-Box D_Pun	
Following are the specifications for the sewage disposal system on the Type of system:   Conventional   Other	ne above captioned property.  Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact le	ngth width of depth of
	ditch 90 feet ditches 3 feet ditches 18-24 inches
French Drain Required: Linear feet	
Authorized State Assessment 5 Mil	And Date 6-29-21
Authorized State Agent	Date Date