Harnett County Department of Public Health

Operation Permit PERMIT # EHIGIZ-001 PROPERTY LOCATION: 1526 13. TALKEH ST. (NC 55 W) SUBDIVISION LOT # Name: (owner) PHIL ATERS CLINT ADAMS System Installer: Basement with plumbing: Garage

Number of Bedrooms Type of Water Supply:

Community

Public

Well Distance from well 50+ System Type: 25% NEDUCTION 5.5.TEM TILE Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) 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. AUD BACKFILLED ONSITE CAL ari 9/2 PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. Performance: Monitoring: As required by Rule .1961. II. N. ZALVEGH 57 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: ٧. Other: □ ______Pump □ ______Alarm □ ______H20Line □ ______PWR Line D-Box Following are the specifications for the sewage disposal system on the above captioned property. M Other Ex FLOW III a gallons Pump Tank: Septic Tank: Type of system:

Conventional Subsurface No. of exact length of each ditch 50 ditches Drainage Field French Drain Required: Date Authorized State Agent