

HTE# _____

Harnett County Department of Public Health

25729

PERMIT # 30550

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: OLGAOZ LANE RD

Name: (owner) GLENN J TART SUBDIVISION _____ LOT # _____

System Installer: Kennell Weeks Registration # _____

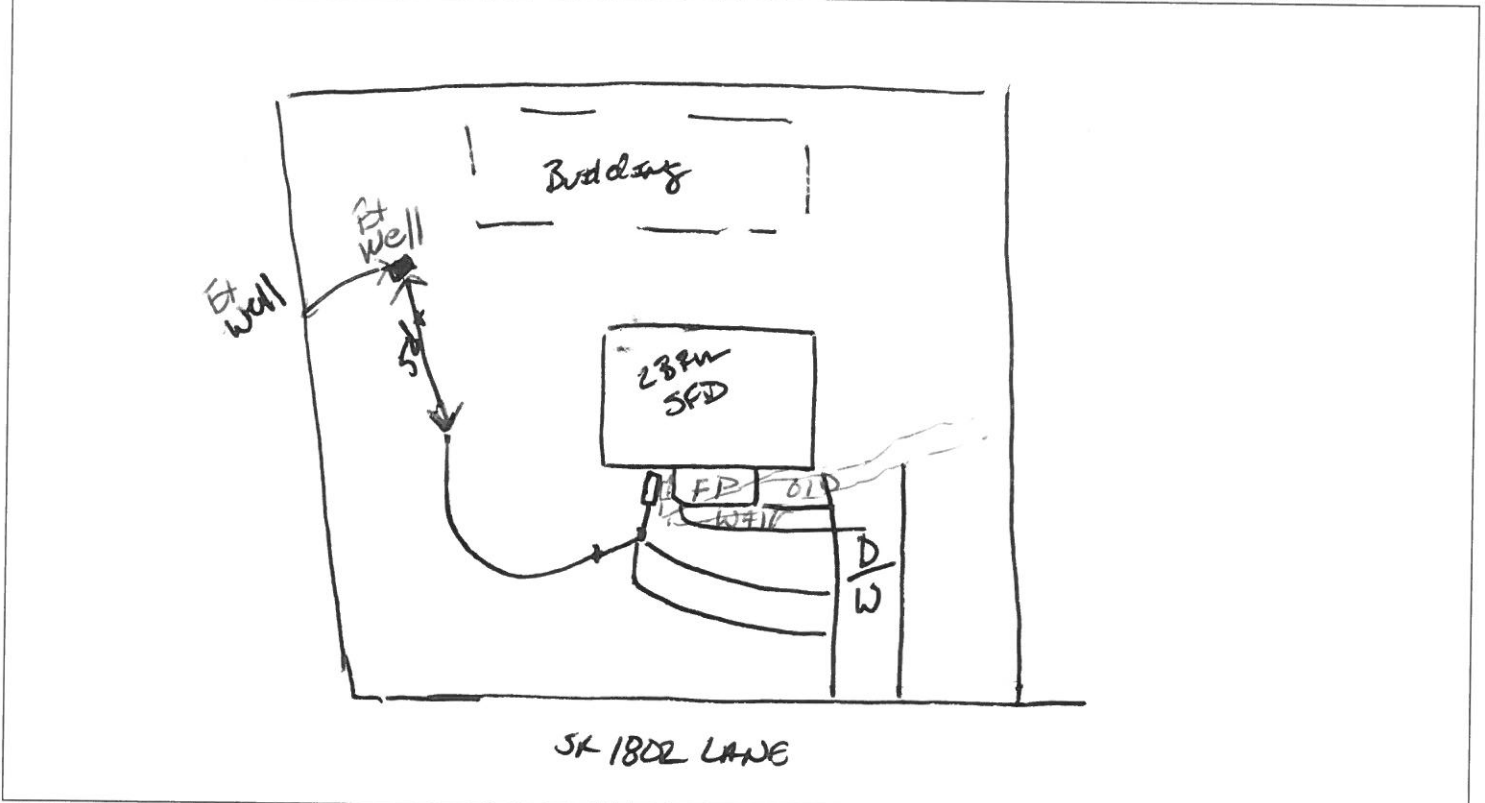
Basement with plumbing: Garage Number of Bedrooms 2

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

System Type: 25% REDUCTION System Chamber 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 25% Chamber #16 Septic Tank: 1000 ^{New} gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 130 feet ditches 3 feet ditches 18-20 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 1-30-20