HTE# EH2003-0002

## Harnett County Department of Public Health

No. 26160

PERMIT # NA

Operation Permit

|  | New Installation 🕾 Septic Tank 🗵                                    | Nitrification Line 🗆 Repair 🗀 Expansion                   |
|--|---|---|
| Names (aureau)   | PROPERTY LOCATION: 1115 OA  | Kriske Duxus 20 (52 1400)                                 |
| Name: (owner) JEFFERY MOONE  | ZORDIAIZION   | LOT # _≥  |
| System Installer: THORNTORS PLUABING  Basement with plumbing: Garage Number of Bedrooms  | Registration #  | _   |
| Type of Water Supply:   Community   Public   Well  |   |   |
| System Type: 25% NEWCTON 575.  |   | in 5 years  |
| (In accordance with Table V a)   | Owner must contact Health Department 6 months                       |   |
| his system has been installed in compliance with applicable North Carolina General Sta   | TUTES Rules for Sewage Treatment and Disposal and all conditions    | of the Improvement Permit and Constitution Authorization  |
| The state of the s | Traces, notes for sewage freatment and bisposal, and all conditions | of the improvement Fermit and Construction Authorization. |
|  |   | * GARRITT TO D. GEX                                       |
| SHEET  | BALL  | EGUAL BISTHBUTIONS  |
| 8006   |   | * EXT TANK CASHED   |
| Swe  | N   | DISTITE & BACKFILLES                                      |
| 5x ?   -   |   | * D.Bry TE 1105   |
| EXP  | 11' 1   | * D.BOX IS HAFT FROM FRONT CONNERL OF                     |
| 550  | 21'   |   |
|  |   | Home  |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | 6   |   |
|  | 111281  |   |
| 7 /2   | 3/ 1/2 3/14   |   |
|  | 3/3/193   |   |
|  |   |   |
|  | 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2                              |   |
| 1 2 3  | (1) % (1)   |   |
| Seattles   | 1 '-  |   |
| \ A \ 3  | i   |   |
| Y  |   |   |
|  |   |   |
|  |   |   |
| 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: CANA 1567 DUNICAN TONS   |   |   |
| Subsurface system operator required? Yes $\ \square$ N If yes, see attached sheet for additional operat  | OBC (Sa Naca)   |   |
| IV. Operation:   | ion conditions, maintenance and reporting.                          |   |
|  |   |   |
| V. Other:  |   |   |
| □ D-Box □ Pump   | □ Alarm □   | H20Line 🗆 PWR Line  |
| Following are the specifications for the sewage disposal system on the   |   |   |
| Type of system:  Conventional Other EX T   |   | gallons Pump Tank: gallons                                |
| Subsurface No. of exact lengt  Drainage Field ditches 7 of each dit  |   | depth of townshire  |
| French Drain Required: Linear feet   | ch <u>80</u> feet ditches <u>3</u>                                  | feet ditches 22 inches                                    |
|  |   |   |
| Authorized State Agent   | Limina Marie  | 05/15/2020  |
| The state right  | Date Date   | 2011-18000  |