HTE# EH2006-0011

## Harnett County Department of Public Health

No. 26247

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

Operation Permit

	☐ New Installation ☑ Septic T	ank 🔀 Nitrification Line 🗷 Repair	☐ Expansion
No. of the second second		38 OLD STAGE RD. N.	
Name: (owner) KELLYE GLOSER	SUBDIVISION		#
System Installer: <u>IEASTECZO</u> SEPTIC  Basement with plumbing: Garage Number of Bedrooms			
Type of Water Supply:   Community   Public   Type of Water Supply:   Community   Public   Type Well		4	
System Type: 25% NEDSCTION STS. IL		mas expire in 5 years.	
(In accordance with Table V a)		months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sowage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.			
-		* GRAWITT TO D-	Box
	of the	EGUAL DISTRI	
	A alans	* ENSTRUED DE	EEP (2420)
. /		TO SHALLOW (	
* ***	أ ( في الله الله الله الله الله الله الله الل	EXT STEPOORS A	7
	1 mis-	MIDEGIAT	
/ /		* EXT TANK PUR	ie, constant
	-431 - Paner	D AND BACKIFU	UED
/ ////	née	2 ONSITE	
/ / / / /	SED	1 * RISERS ADDR	2
////	51' - 7	TO TANK	
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	/		
	• PP		
	1.0		
PERMIT CONDITIONS:	(or		
I. Performance: System shall perform in accordance with Rule .	961.		
II. Maintenance: As required by Rule .1961.  Maintenance: As required by Rule .1961. Other:			
III. / Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \( \sigma \) No	STADGE (B. 2 (5)	(10%)	
If yes, see attached sheet for additional operati			
IV. Operation:			<b>4</b> 0
V. Other:			er •)
□ D-Box □ Pump	□ Alarm □	H20Line 🗆	PWR Line
Following are the specifications for the sewage disposal system on the a	bove captioned property.		0.041041/000 (NO 40090)
Type of system:  Conventional  Other  Other  Other  exact length		c: 1000 gallons Pump Tank:	gallons
	7 -		Q inches
French Drain Required: Linear feet	ii ieet ditches	feet ditches _24 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	≤ Inches
Authorized State Agent Ob 26 26 20 20			