Harnett County Department of Public Health

PERMIT # EH 2205-0003

Operation Permit

	New Installation □ Septic Tank □ Nitrification Line □ Repair □ Expansion
	PROPERTY LOCATION: GGI GARDHER NOAD (52 1509)
Name: (owner) 14thans carrier	SUBDIVISION MICHAEL OS SHEAR LOT # 2
System Installer: JOHP SIXTMEN	
Basement with plumbing: Garage Number of Bedrooms	3
Type of Water Supply: Community Public Well	
System Type: 25/2 1000 STOM	
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
7	tutes. Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
This system has been installed in compliance with applicable North Carolina, seneral Sta	tutes, Nules for Jewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
1	* GRAUTTY TO D-BOX
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	EGUAL DISTRIBUTION 15 X SWALL OF AGANDONES.
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 Performance: System shall perform in accordance with Rule Monitoring: As required by Rule .1961. 	.1701.
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes	No.X
If yes, see attached sheet for additional oper	
IV. Operation:	
V. Other:	
□ D-Box □ Pum	p 🗆 Alarm 🗆 H20Line 🗆 PWR Lin
Following are the specifications for the sewage disposal system on th	
Type of system: ☐ Conventional ☒ Other ☐ ☐ Conventional ☒	
Subsurface No. of exact len	
Drainage Field ditches of each	litch feet ditches feet ditches inches
French Drain Required: Linear feet	
	07/201
Authorized State Agent C	Date 07/22/2002