Harnett County Department of Public Health

PERMIT # EH 2501-0001

Operation Permit

□ New Installation 🛣 Septic Tank 🖾 Nitrification Line 🔀 Repair □ Expan	sion
Name: (owner) Shelby West SUBDIVISION LOT #	40)
	+
System Installer:	
Type of Water Supply: ☐ Community ☑ Public ☐ Well Distance from well feet	
System Type: 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.	
-45	
10+ Acres	
10.	
70'	
Dumu 1	1
Julian (Tal)	1
(300' TOTAL)	
,	1
	1
	- 1
PERMIT CONDITIONS: Rette Rents Rel	-1
PERMIT CONDITIONS: Bette B-pts, Rd 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 \(\subseteq \text{No } \subseteq \)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:	
IV. Operation:	
V. Other:	
	/R Line
Following are the specifications for the sewage disposal system on the above captioned property.	
	llons
Subsurface No. of exact length width of depth of ditches depth of ditches feet ditches inches	
French Drain Required: Linear feet Linear feet	
Authorized State Agent	