HTE# 04-5-10950

## Harnett County Department of Public Health 19132

<b>PERMIT</b>	#	235	18

**Operation Permit** 

realii # 600 · s	operation remit	
	Mew Installation 🗷 Septic Tank 🗆	Repair Mitrification Line 🗆 Expansion
Nome (auman) Traces DEVI and No	PROPERTY LOCATION: SHOON GREEN	
Name: (owner) Tommy R& VICKIEWE		
System Installer: OTIS STRICKLAND	Registration #	_
Basement with plumbing: Garage Number of Bedroo		
Type of Water Supply: 🗌 Community 🔲 Public 🔀 W	ell Distance from well <u>100</u> feet	
System Type:	Types V and VI Systems expire	
(In accordance with Table V a)	Owner must contact Health Department 6 months p	rior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina Genera	Tautice, notes for schage recament and visposa, and air continues	or the improvement remit and construction Authorization.
30 3 H		
EUTTO LOTAL		
D2 17		
502050 V		
PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with Re	le 1961	
II. Monitoring: As required by Rule .1961.	iic .17 <b>0</b> 1.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes [	No XT	
	eration conditions, maintenance and reporting.	
IV. Operation:	,	
V. Other:		
Following are the specifications for the sewage disposal system on	he above captioned property.	
Type of system: 🔼 Conventional 🗆 Other		gallons Pump Tank: gallons
Subsurface No. of exact le	ngth width of	depth of
-3		3 feet ditches 20-25 inches
French Drain Required: Linear feet		
Authorized State Agent	Date Date	2/22/07