

HTE# 07-50017189

Harnett County Department of Public Health 19320

PERMIT # 23838

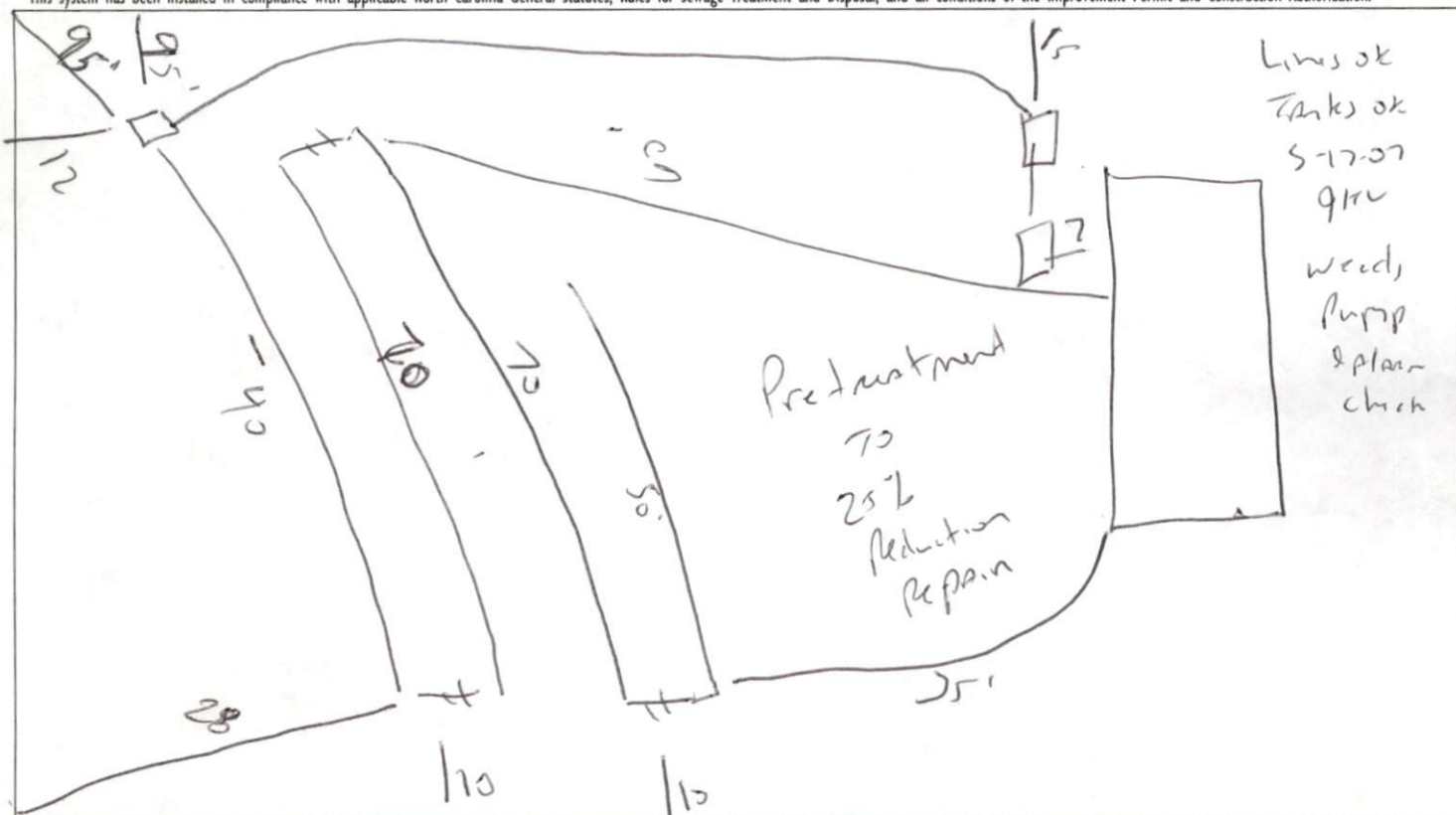
Operation Permit

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ ExpansionPROPERTY LOCATION: 1211Name: (owner) Clyde Patterson SUBDIVISION _____ LOT # 23System Installer: Mike Lee Registration # _____Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 5 feetSystem Type: Septic E-2 flow IIIb EXP 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.



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: _____

Subsurface system operator required? Yes ☐ No ☒

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional ☒ Other Septic E-2 flow Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallonsSubsurface No. of _____ exact length _____ width of _____ depth of _____
Drainage Field ditches 1 of each ditch 230 feet ditches 3 feet ditches 12 inches

French Drain Required: _____ Linear feet

Authorized State Agent J. L. AnnDate 5-21-07