HTE# 07-5-18564R

Harnett County Department of Public Health 20073

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PERMIT # <u>2 4</u>	557	Operation Permit	
		New Installation Septic Tank Repair	Nitrification Line Expansion
,		PROPERTY LOCATION: MCDJFFix Ro	l.
Name: (owner) 🗸	alyn Castolknar Alve	rade SUBDIVISION H:re	LOT # Jo
System Installer:		Registration #	
Basement with plumb		s <u>3</u>	
Type of Water Supply System Type:	y: 🗌 Community 🗹 Public 🔲 Well		
(In accordance with	· · · · · · · · · · · · · · · · · · ·	Types V and VI Systems expire in 5 years.	
(as a see a s	i u)	Owner must contact Health Department 6 months prior to expiral	tion for permit renewal.
This system has been insta	alled in compliance with applicable North Carolina General S	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improveme	nt Permit and Construction Authorization.
Ditches	Runin opposite		
CA +	Runin opposite		
direct	ion		
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DEBMIT CONDITIONS	l.	Scotterin	
PERMIT CONDITIONS: I. Performance:	System shall newform in accordance with But.	_	
II. Monitoring:	System shall perform in accordance with Rule As required by Rule .1961.	.1961.	
III. Maintenance:	As required by Rule .1961. Other:		
	Subsurface system operator required? Yes	No 🖭	
	If yes, see attached sheet for additional opera	tion conditions, maintenance and reporting.	
IV. Operation:		1 0	
/. Other:			
following are the special	fications for the sewage disposal system on the	share carriered agreements	
Type of system:	Conventional Other Oci CK4	7 () 1	on Donne T. I.
ubsurface	No. of exact leng	gano	ns Pump Tank: gallons depth of
Orainage Field	ditches of each di	4 1 A	ditches $\frac{24}{\text{onches}}$ inches
rench Drain Required:	Linear feet		munus
	mel.		
Authorized State Age	ent Sugar / Tom	Date 4/19	12008