HTE# 08-5-20655

Harnett County Department of Public Health 20345

PERMIT # 24942

Operation Permit

		PROPERTY LOCATION:	eptic lank ⊔ Repair ⊠ N Hwy 220	itrification Line Expansion
Name: (owner) KEN	NETH MOSS	4112 2 111/21 4 1 1		LOT #
System Installer:	nozunot Jinu	Registration #		
Basement with plumbing:	Garage Number of Bedroom			
Type of Water Supply: 🗆 Com	imunity 🗵 Public 🗆 Well	Distance from well 100	feet	
	II cy		VI Systems expire in 5 years.	
(In accordance with Table V a)		Owner must contact Health Depar	tment 6 months prior to expiration fo	or permit renewal.
This system has been installed in compli	ance with applicable North Carolina General S	atutes, Rules for Sewage Treatment and Dispo	ial, and all conditions of the Improvement Perr	nit and Construction Authorization.
	130)'		
	173	PRINTY HOUSE A ORINE HWY 210	INITIAL) ASS	
DEDMIT CONDITIONS.				
PERMIT CONDITIONS: I. Performance: System sl	hall perform in accordance with Rule	.1961.		
	ed by Rule .1961.	,		
	ed by Rule .1961. Other:			
Subsurfac	e system operator required? Yes 🗆	No X		
	e attached sheet for additional opera	tion conditions, maintenance and rep	orting.	
IV. Operation:				
V. Other:				
			ncp-1000	
Following are the specifications for the sewage disposal system on the above captioned property.				
Type of system: Convention:	al X Other EZTLOW	Se Se	ptic Tank: 1000 gallons Pi	ump Tank: gallons
Subsurface No. of	exact leng	th	114 (
Drainage Field ditches _		tch <u>100</u> feet	ditches <u>4</u> feet	depth of ditches <u>24-30</u> inches
French Drain Required:	Linear feet			
Authorized State Agent		æ	Date 1) 3 08	
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