## Harnett County Department of Public Health

20835

PERMIT # =	15297
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PERMIT # 15241	<u>Uperation Permit</u>	
	New Installation 🗵 Septic Tank 🗆 Repair	Nitrification Line  Expansion
_	PROPERTY LOCATION: MCDUFFIE RO	Expansion
Name: (owner) CLYDE PATTERSON	SUBDIVISION H, -VUE	LOT # 3CB
System Installer: Mixe Cay	Registration #	
Basement with plumbing: Garage Number of Bedrooms		
Type of Water Supply:   Community   Public   Well		
System Type:	Distance from well feet 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 parmit rangual
	o more made contact readily department o months prior to expiration	r tor permit renewal.
This system has been installed in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement	Permit and Construction Authorization.
	K5′	
	DRIVE  DRIVE  SO  ACCESS/UTILITY  GASEMENT	
PERMIT CONDITIONS:		
<ul><li>I. Performance: System shall perform in accordance with Rule .</li><li>II. Monitoring: As required by Rule .1961.</li></ul>	1761.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes \( \sigma \)	in 🔀	
If yes, see attached sheet for additional operat	ion conditions, maintenance and reporting	
IV. Operation:	Toporting.	
V 04		
V. Other:		
Following are the specifications for the sewage disposal system on the Type of system:  Conventional  Other Trace  Subsurface  No. of  exact lengt	Septic Tank: 1000 gallons	Pump Tank: gallons depth of
2	ch 50 feet ditches 3 feet	ditches <u>24-30</u> inches
French Drain Required: Linear feet		THE THE PARTY OF T
Authorized State Agent	Date 7 15 00	•
State 18011	Vale //13/00	
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