HTE#<u>/2-5-25787</u>

Authorized State Agent

## Harnett County Department of Public Health

Operation Permit

22471

| PERMIT # 272                  | Operation Fernit 2247 1  |
|-------------------------------|--|
|                               | New Installation Septic Tank Nitrification Line Repair Expansion   |
|                               | PROPERTY LOCATION: 52 15 46 Fely RD  |
| N ( )                         |  |
|                               |  |
| System Installer:             | Broch septiz Registration #  |
| Basement with plumbing        |  |
| Type of Water Supply:         | ☐ Community ☐ Public ☐ Well Distance from well feet  |
| System Type: 255              | 20 Notocom Synthe Type att & BRAGES V and VI Systems expire in 5 years.  |
| (In accordance with Ta        | ble V a)  Owner must contact Health Department 6 months prior to expiration for permit renewal.  |
|                               |  |
| This system has been installe | d in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.   |
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|                               | So CHAZ PROPERLING V   |
|                               | to a la l   |
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|                               |  |
|                               | SR 1560 Festus RD  |
|                               |  |
|                               |  |
|                               |  |
| 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:  |
| m. namenance.                 | Subsurface system operator required? Yes No No   |
|                               | If yes, see attached sheet for additional operation conditions, maintenance and reporting.   |
| IV O-avatiant                 | lyes, see attached sheet for additional operation conditions, maintenance and reporting.   |
| IV. Operation:                |  |
| V 0.1                         |  |
| V. Other:                     |  |
|                               | D-Box  |
| Fallanian con the con-        | ifications for the sewage disposal system on the above captioned property.   |
|                               | Conventional of Other 25% Resources Sq. 545 The Specific Tank: gallons Pump Tank: gallons  |
| ,, ,                          |  |
| Subsurface                    | No. of exact length width of depth of  |
| Drainage Field                | ditches $\frac{9}{100}$ of each ditch $\frac{100}{100}$ feet ditches $\frac{3}{100}$ feet ditches $\frac{20-29}{100}$ inches   |
| French Drain Required:        | Linear feet  |
|                               | 5 M 1 Ac   |