нте# <u>14-5-33976</u> Harnett County	Department of Public Health
PFRMIT # 27972	Operation Permit
	lew Installation 🗹 Septic Tank 🔽 Nitrification Line 🔲 Repair 🗌 Expansion
	PROPERTY LOCATION: ( out Spring Rd.
Name: (owner) Vicky McNe://	SUBDIVISIONLOT #
System Installer: <u>Gereld Temple</u> Basement with plumbing: Garage <u>Number of Bedrooms</u> <u>3</u>	Registration #
Type of Water Supply: 🗆 Community 🗹 Public 🗆 Well Distan	ce from well feet
System Type:	Types V and VI Systems expire in 5 years. • 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, Kule	s for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	Repair Area
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	Cool Springs let
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 $\square$ No $\square$ If yes, see attached sheet for additional operation cond	ditions. maintenance and reporting.
IV. Operation:	
V. Other:	
□Pump □	
Following are the specifications for the sewage disposal system on the above c	aptioned property.
· · · · · · · · · · · · · · · · · · ·	Septic Tank: $200$ gallons Pump Tank: gallons
Subsurface No. of exact length Drainage Field ditches of each ditch/	width of depth of depth of <u>JJ-</u> feet ditches <u>JB</u> inches
French Drain Required: Linear feet	
Authorized State Agent Sum Mi win Re	H/ - lalaan
Authorized State Agent Juyan / Www, Re	Date 7/18/2014