HTE# 14-5-34027

Authorized State Agent_

Harnett County Department of Public Health

23267

Operation Permit

New Installation
Septic Tank
Nitrification Line
Repair
Expansion
PROPERTY LOCATION:

Year Church Rel

107 # 9 PERMIT # 28009 Name: (owner) _ Oyde Patterson LOT # 9 SUBDIVISION Longie Johnson System Installer: ____ __ Registration # Basement with plumbing: Garage

Number of Bedrooms Type of Water Supply:

Community Distance from well ____ System Type: ____ 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 permit renewal. This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. 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

No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: D-Box □ Pump □ Alarm □ H20Line □ **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. 1 Other EZF/ow Type of system:

Conventional Septic Tank: /000 _ gallons Pump Tank: __ Subsurface width of depth of ditches 30-24 of each ditch 50 Drainage Field ditches ditches inches French Drain Required: Linear feet