HTE# 14-5-34158

Authorized State Agent

Harnett County Department of Public Health

23259 **Operation Permit** PERMIT # 28/02 New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: Lee County Line Rd Name: (owner) <u>Gabriel</u> Gonzales Arista LOT # 4 SUBDIVISION System Installer: Lanie Johnson Registration # Basement with plumbing: Garage

Number of Bedrooms Type of Water Supply:

Community Public Well Distance from well ___ TILG 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. MH PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 11. 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. Operation: IV. ٧. Other: □______Pump □_____ Alarm □ H20Line □ D-Box PWR Line Following are the specifications for the sewage disposal system on the above captioned property. Type of system:

Conventional

Other

EZFlow Septic Tank: _ /@O gallons Pump Tank: _____ gallons exact length Subsurface No. of depth of of each ditch __/80 ditches 18-24 inches Drainage Field ditches French Drain Required: Linear feet