HTE# 15-5-3683)

Harnett County Department of Public Health

23834

PERMIT # 28521

Operation Permit

	New Installation Septic Tank Nitrification Line	Repair Expansion
	PROPERTY LOCATION: MEDSAIDIES LN	
Name: (owner) Rose Para	SUBDIVISION WESTOOD II	LOT #
System Installer: LARRY SHARE	Registration #	
Basement with plumbing: Garage Number of Bedroom		
Type of Water Supply: Community Public Well	Distance from well 100 feet	
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.		
112 43620		
	HOME TO SERVE	
	[REANE]	
	HONG	
3		
)		
		=
PERMIT CONDITIONS:		
Performance: System shall perform in accordance with Rule	. 1961.	
II. Monitoring: As required by Rule .1961.	,	
III. Maintenance: As required by Rule .1961. Other:		
If yes, see attached sheet for additional oper	ation conditions, maintenance and reporting.	
IV. Operation:		
	AT TIME OF INSTAURTION	
□ D-Box □ Pump	□Alarm □ H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.		
	Septic Tank: 1000 gallons Pump Tai	nk: gallons
Subsurface No. of exact len	gth width of depth o	f
Drainage Field ditches of each of	ditch 50 feet ditches 3 feet ditches	24 inches
French Drain Required: Linear legt		
Authorized State Agent Date 17 24/15		
The same was the same of the s	out 11,5	