| HTE# 16-5-38060 Harnett County Department of Public Health 24071 | |
|--|---------|
| PERMIT # 28806 Operation Permit | |
| New Installation X Septic Tank X Nitrification Line Repair Expa PROPERTY LOCATION: 4275 | nsion |
| PROPERTY LOCATION: 4275 | |
| Name: (owner) <u>ROBERO MEDELLIN</u> SUBDIVISION <u>RUSS</u> LOT # | |
| System Installer: <u>CAROGNAS</u> Registration # Basement with plumbing: Garage Number of Bedrooms <u>3</u> | |
| Type of Water Supply: Community Public Well Distance from well 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. | |
| (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. | |
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| 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: | |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | |
| V. Other: | |
| □D-Box □Pump □Alarm □H20Line □PW | /R Line |
| Following are the specifications for the sewage disposal system on the above captioned property. | |
| Type of system: Conventional Other EZ FLOW Septic Tank: 1000 gallons Pump Tank: ga | Illons |
| Subsurface No. of exact length width of depth of Drainage Field ditches 2 of each ditch 150 feet ditches 3 feet ditches 24 inches | 5 |
| French Drain Required: | |
| The start of the s | |
| Authorized State Agent Date 5 25 H | |