HTE# 17.541125

Harnett County Department of Public Health

24586

PERMIT # 29503

Operation Permit

TENTILI #	3 3	operation remit		
		New Installation 🔀 Septic Tank	Nitrification Line Repair	☐ Expansion
N. (Barrier C.	PROPERTY LOCATION: 5 ADMS	STIAN LN	
Name: (owner)	BRENDA GONZAL		LOT 7	# <u> </u>
System Installer: _ Basement with plumbi		,	_	
	Community Public 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:	De la Contraction de la Contra	HOME 19. HOME		rization.
 Performance: Monitoring: 	System shall perform in accordance with Rule As required by Rule .1961.	2 .1961.		
III. Maintenance:	As required by Rule .1961. Other:			
	Subsurface system operator required? Yes \square			7.0
IV. Operation:	If yes, see attached sheet for additional oper	ation conditions, maintenance and reporting.		_
V. Other:				-
	D-Box Pump	□Alarm □	H20Line 🗆	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.				
	Conventional Other EZ F		050 gallons Pump Tank:	gallons
Subsurface Drainage Field	No. of exact len	gth width of ditches	depth of ditches 24	inches
French Drain Required:	Linear feet	ditches	2 leet uitches 27-1	inches
Authorized State Ag	ent	REAL	Date 6/22/17	

17-5-41125



