## Harnett County Department of Public Health

24692

PERMIT # 29533

Operation Permit

	New Installation	Repair   Expansion
	PROPERTY LOCATION: Boyd Broothford Dr.	(Burbaive Thin
Name: (owner) James & Mary Pairish	SUBDIVISION	LOT #5
System Installer: Jollian Bulland	Registration #	
Basement with plumbing: Garage Number of Bedrooms	<u>a</u>	
Type of Water Supply:   Community Public Well	Distance from well 180 feet	
System Type: 25% Meduction 5 35 term (In accordance with Table V a)	Types V and VI Systems expire in 5 years.  Owner must contact Health Department 6 months prior to expiration for permit r	
This system has been installed in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Const	ruction Authorization.
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Q <sub>1</sub> \delta	70 25%	
	EDUCTION .	
74	0-00,0 0000	
10 64	<u> </u>	TO WELL AT
100 (3)	THERAIT ARIES	1045 BOYD  BRAFFORD DR.
		3 A FFORD DIL
	1/10' 91 6' - TO	
	29 57 180	
4		
Box	BRADDIFORD LN	<b>→</b>
PERMIT CONDITIONS:	BRADDIFORD LN	
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 🗌 N		
If yes, see attached sheet for additional operation	on conditions, maintenance and reporting.	
IV. Operation:		12-346
V. Other:		
□ D-Box □ Pump	□Alarm □H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the	above captioned property.	and an analysis of the second discountry.
Type of system:   Conventional Other Other Other	mber III Septic Tank: gallons Pump Tank:	gallons
Subsurface No. of exact length	width of depth of	
	ch feet ditches feet ditches	a inches
French Drain Required: Linear feet		7
Authorized State Agent	Date 09/28/301	7







