HTE# 17-5-41997

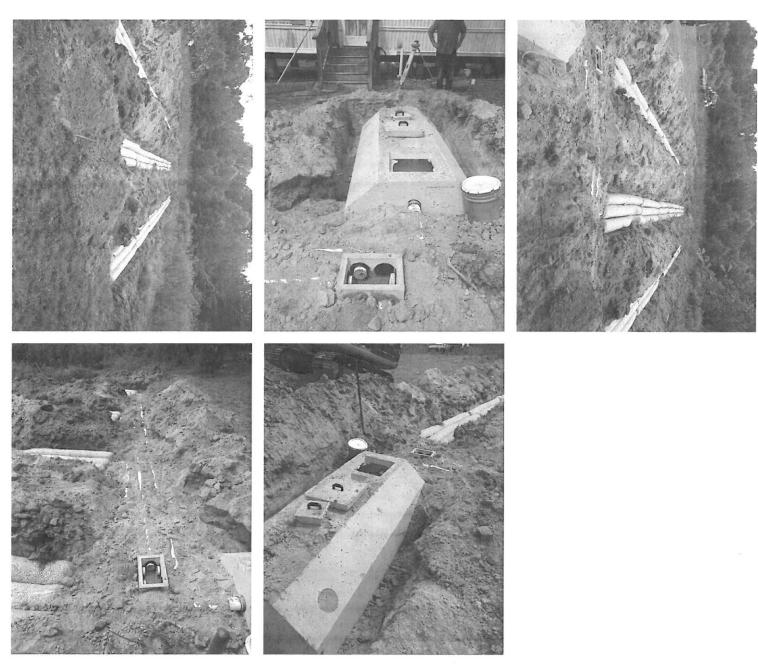
## Harnett County Department of Public Health

25105

PERMIT # 2970)

Operation Permit

TEMIN #	operation remite	
	New Installation 🔀 Septic Tank 📉 Nitrification Line 🗆 Repair [	☐ Expansion
	PROPERTY LOCATION: OLIVIA GO	
Name: (owner) Hazi Cazcutt	SUBDIVISIONLOT #	W
System Installer: Bobby Inomas	Registration #	
Basement with plumbing:  Garage  Number of Bedrooms		
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.	
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:  1. 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 opera		
W Operations	and the second s	
V. Other:		
□ D-Box □ Pump	□Alarm □H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.		
Type of system:  Conventional Other EZ FLO	Septic Tank: \\OOO gallons Pump Tank:	gallons
Subsurface No. of exact leng	th width of depth of	
Drainage Field ditches of each di	itch <u>60</u> feet ditches <u>3</u> feet ditches <u>18</u> –20	inches
French Drain Required: Linear feet		
Authorized State Agent	Patris Date 73 1t	
	34	



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