HTE# 11-5-27584

## Harnett County Department of Public Health

PERMIT # <u>367</u>	14	<u>Operation Permit</u>		22052
	×	New Installation 🖄 Septic	Tank Nitrification Line	☐ Repair ☐ Expansion
	V	PROPERTY LOCATION: <u>C</u> c	IOL SPRINGS RO	
Name: (owner)	BENJAMIN DEESE	SUBDIVISION	page 1	LOT # <u>~</u> _
System Installer: _		Registration #		
Basement with plumbi		<u> </u>		
Type of Water Supply:		ance from well $\underline{\lambda OO}$ feet		
System Type:			tems expire in 5 years.	5.
(In accordance with T	Table V a) Owr	er must contact Health Department	5 months prior to expiration for pe	rmit renewal.
This system has been instal	illed in compliance with applicable North Carolina General Statutes, R	ules for Sewage Treatment and Disposal, and	all conditions of the Improvement Permit ar	nd Construction Authorization.
This system has been histar	and in companies with approach total caronia contra statetos, s			
	494 COUNTRIES NAME AND THE COUNTRIES OF			MOON DANIED COMPANY
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	50' EASEME	TIME		90000000000000000000000000000000000000
	LIBCINE	-, 4 1		
			METANORITY CONTROL OF THE PROPERTY OF THE PROP	
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:	***		
	Subsurface system operator required? Yes  No		_	
ni o .:	If yes, see attached sheet for additional operation of	onditions, maintenance and reporting	j.	
IV. Operation:				
V. Other:				
_		Al	LIONI inc.	PWR Line
		Alarm 🗆 _	H20Line 🗆	FWK LINE
	ecifications for the sewage disposal system on the abov	e captioned property.	r i Nosan Alban	Tli.
Type of system:			Fank: 1000 gallons Pum th of dep	p lank: gallons pth of
Subsurface	No. of exact length of each ditch _	135 feet ditc	th of dep hes feet dit	ches 18-324 inches
Drainage Field French Drain Required		- icet uite	icc uit	onco <u> </u>
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Authorized State A	Agent	OEMS	Date 10 18 11	
. william 1740 NVIII #	MYCII)	- 10 cmm-10	Date	