HTE# 17-5-41216

## Harnett County Department of Public Health

24725

PERMIT # 29475

Operation Permit

|   | Maria Maria Maria de Maria   |                     |
|---|--|---------------------|
|   | Mew Installation C Septic Tank Mitrification Line A  | epair L Expansion   |
| C 0   | PROPERTY LOCATION: 3069 US301 NOOMY  |                     |
| Name: (owner) GAD) PERCOCK  | SUBDIVISION  | _LOT #              |
| System Installer: BOBBI THOMBS  | Registration #   |                     |
| Basement with plumbing:  Garage  Number of Bedro  | oms3   |                     |
| Type of Water Supply:   Community Public W  |  |                     |
| 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 ren                                 | ewal.               |
|   |  |                     |
| This system has been installed in compliance with applicable North Carolina Gener   | al Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construct | tion Authorization. |
| PERMIT CONDITIONS:  | one.   | SE                  |
| <ol> <li>Performance: System shall perform in accordance with R</li> <li>Monitoring: As required by Rule .1961.</li> </ol>  | ule .1701.   |                     |
| III. Maintenance: As required by Rule .1961. Other:   |  |                     |
| Subsurface system operator required? Yes [  | □ No 🔀   |                     |
| If yes, see attached sheet for additional of  | peration conditions, maintenance and reporting.  |                     |
| IV. Operation:  |  |                     |
| V. Other:   |  |                     |
|   | np   | PWR Line            |
|   |  | PWK LINE            |
| Following are the specifications for the sewage disposal system on  |  | as H                |
|   | Septic Tank: 1060 gallons Pump Tank:   |                     |
| Drainage Field ditches 3  | 50   | 26 inches           |
| French Drain Required:  | h ditch feet ditches feet ditches  | Inches              |
| The state reduces the state of |  |                     |
| Authorized State Agent  | RC45 Date 2 23/17  |                     |
|   |  |                     |