HTE# 5557808-0036 Harnett County Department of Public Health Operation Permit

25364

PERMIT #	49	Operation Fermit		
		New Installation Septic T	ank Nitrification Line	☐ Repair ☐ Expansion
		PROPERTY LOCATION: 385	made and	150 1564)
Name: (owner) /	TREAL TREAL	PROPERTY LOCATION: 385 SUBDIVISION Registration #	maple recur	INT #
Name: (owner)	Guren Jernigen	Designation #		LUΙ #
	Tomas Avila	Kegistration #		
Basement with plumbing		Distance from well _ ~ feet		
	Community Public Well	Types V and VI System	me avnira in 5 years	
System Type:(In accordance with Tab	25% reduction 2/s. I	Owner must contact Health Department 6		ermit renewal
(III accordance min ran	ne v aj	Owner must contact meanin bepartment	A serious prior to expression to. Fe	Time Teneman.
This system has been installed	d in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all	I conditions of the Improvement Permit and	d Construction Authorization.
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			E Priva	TE 50' ESMT
PERMIT CONDITIONS:			TO	MAPLE
I. Performance:	System shall perform in accordance with Rule	.1961.	4 25	(sn1564)
II. Monitoring:	As required by Rule .1961.			(3.01-0-3
III. Maintenance:	As required by Rule .1961. Other:	V		
	Subsurface system operator required? Yes \Box			
	If yes, see attached sheet for additional opera	tion conditions, maintenance and reporting.		
IV. Operation:				
		10		
V. Other:				
		□Alarm □	H20Line □	PWR Line
Following are the special	fications for the sewage disposal system on the			
Type of system:			nk: 1000 gallons Pump	Tank: gallons
Subsurface	No. of exact leng	,		oth of
Drainage Field	ditches 3 of each di			thes 20-22 inches
French Drain Required:		(2)	Site of the second seco	20010
Authorized State Ag	ont C	1 11111 1645	Date @3/221	2019
Authorized State Ag	elli Collection	10000	Date	