HTE#_SFD1810002)

Harnett County Department of Public Health

No. 26045

PERMIT # 30033

Operation Permit

New Installation Septic Tank Nitrification Line Repair	Expansion
Name: (owner) Schrages Date: Small Subdivision Subdivision 101 #	
System Installer: Essie Gozales Registration #	
Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well feet	
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 Authoriz	ation.
FUTURE (GREACE) RESTRICT RESTRICT	
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 No	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
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 CHONDER (QH) Septic Tank: 1600 gallons Pump Tank:	gallons
Subsurface No. of exact length width of depth of	-
Drainage Field ditches of each ditch 225 feet ditches 3 feet ditches	_ inches
French Drain Required Linear feet	
Authorized State Agent Date 44 19	