HTE# 5FD1904.0037

Harnett County Department of Public Health

No. 26562

PERMIT # NA

Operation Permit

operation remit
🖾 New Installation 🖾 Septic Tank 🗷 Nitrification Line 🗆 Repair 🗀 Expansion
PROPERTY LOCATION: 454 NC 55 0.
Name: (owner) THERESA WILKINS SUBDIVISION TOSEPH WILKINGS LOT # 3
System Installer: CCIST ASAMS Registration #
Basement with plumbing: Garage Number of Bedrooms 2
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.
(in accordance with Table V a) Owner must contact Health Department o 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.
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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 🔀
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
D-Box
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Other Septic Tank: Septic Tank: gallons Pump Tank: gallons
Drainage Field ditches of each ditch feet ditches feet ditches inches French Drain Required: Linear feet
intelligence.
Authorized State Agent Date 88 31 2020