HTE# 2F12 1754- 0060

Harnett County Department of Public Health

25741

PERMIT # 30 529

Operation Permit

	New Installation
Name: (owner) Same Alam Alam Alam Alam Alam Alam Alam Alam	PROPERTY LOCATION: SC 1723 Turlington ZD
Name: (owner) Sover Magnoless Constant	ZORDIAIZION TOLE 101 # 5
System Installer: 65 Broke - Tglent Basement with plumbing: Garage Number of Bedrooms	3 Registration #
Type of Water Supply: Community Public Well	Distance from well feet
System Type: 2520 Reductor System Type &	6 8249 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 State	utes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
The state of the s	Acces, holes for sewage creatment and disposal, and all conditions of the Improvement Permit and Construction Authorization.
80'+, - 80 D13	150 Protogram Repair Son Son Son Son Solid Solid Solid Solid Solid Solid
PERMIT CONDITIONS:	50 1723
I. Performance: System shall perform in accordance with Rule .1	• 3
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \subseteq No	
If yes, see attached sheet for additional operation	Conditions, maintenance and reporting
IV. Operation:	
V. Other:	
□ D-Box □ Pump □	Alarm
Following are the specifications for the sewage disposal system on the ab	ove cantioned property
Type of system: Conventional Other 25% Red -	The THE BURNSEptic Tank: 1000 gallons Pump Tank: gallons
exact length	width of depth of
Drainage Field ditches 4 of each ditch French Drain Required: Linear feet	75 feet ditches 3 feet ditches 18 inches
Authorized State Agent 2 Man	han factors Date 3-17-20
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