HTE#\_\_\_\_\_

## Harnett County Department of Public Health

No. 26475

PERMIT # SFD 2001-0011

Operation Permit

PERI'III # 37 1 200 7 00	**/	<u>operation</u>				
				Nitrification Li	ne 🗀 Repair 🗀	Expansion
		PROPERTY LOCAT	ION: 80 571	arlight Rd		
Name: (owner) Thomas	Nash	SUBDIVISION _	New H	prizons	LOT #	4
System Installer:		Registration	# 1902	·		
Basement with plumbing:	Garage   Number of Bedrooms	3°				
Type of Water Supply:   Comm	munity 🔀 Public 🗆 Well	Distance from well				
System Type: 25% ced	VETION (EZFlow)		V and VI Systems ex			
(In accordance with Table V a)		Owner must contact Health	Department 6 mont	hs prior to expiration fo	r 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.						
ins system has been instance in compina	The special countries of the second countries of	woods				
		25% reduce 2.A	Tien			
	100'	3 pr Home	12	210'>		
		1215				
STAIlight RD						
II. Monitoring: As requir III. Maintenance: As requir Subsurfac	hall perform in accordance with Rule red by Rule .1961. red by Rule .1961. Other: re system operator required? Yes ☐ re attached sheet for additional opera	No 🗷	and reporting.			
IV. Operation:	e attached sheet for additional opera	don conditions, manifestance	and reperting.			
- [						
V. Other:						
Ď D-Bo	ox 🗆 Pump		Alarm 🗆	H20Line		PWR Line
	or the sewage disposal system on the			mcp	G	
Type of system:   Convention		ION (EZFOW)	Septic Tank:	•	Pump Tank:	gallons
Subsurface No. of	exact leng		width of	-	denth of	8
Drainage Field ditches _	of each d		ditches	3 feet	ditches 24	inches
French Drain Required:	Linear feet					
Authorized State Agent Mah M REAS Date 11-19-2020						