HTE# 5752004-0027

## Harnett County Department of Public Health

PERMIT # \_\_\_\_

## Operation Permit

	New Installation  Septic Tank  Nitrification	Line  Repair  Expansion
Names (assessed AASSIASSI & Should be a	PROPERTY LOCATION: 700 OLF WOT ROW  SUBDIVISION	
Name: (owner) MICHAEL & SMAH JAC System Installer: CONF GILBERT	SUBDIVISION	υ τοι π
Basement with plumbing: Garage Number of		
	□ Well Distance from well _ ~ feet	
System Type:		
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration	for permit renewal.
,	ina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement P	
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SFD N	DI.0 1 20'	
PERMIT CONDITIONS:		
II. Monitoring: As required by Rule .1961.  Maintenance: System shall perform in accordance.  As required by Rule .1961. Other: Subsurface system operator requirements.	ed? Yes 🗆 No 🛣	
IV. Operation:	itional operation conditions, maintenance and reporting.	
V. Other:		
□	Pump □ H20Lii	ne 🗆 PWR Line
Following are the specifications for the sewage disposal sy Type of system:  Conventional  Other  Subsurface  No. of Drainage Field  ditches  Linear	exact length	s Pump Tank: gallons depth of ditches inches
Emura		
Authorized State Agent	Date il	202020