Harnett County Department of Public Health

PERMIT # 5,000 7-0061

Operation Permit

PERMII # 3000	7.006	Operation	1 CITIII			
		New Installation	Septic Tank	Nitrification Li	ne Repair	Expansion
				A CHANEN		
Name: (owner)	TMD NES, DESTAL	SUBDIVISION _	CAULIA	430	LOT # _	5
System Installer: Tomes and ca						
Basement with plumbing: Garage Number of Bedrooms						
Type of Water Supply: Community Public Well Distance from well feet						
System Type: 25/6 25/5 513. The 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.						
United into the contest freath beparament of months prior to expiration for permit renewal.						
This system has been installed in compliance with applicable North Carolina General Statutes, Kules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.						
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PERMIT CONDITIONS:						
 Performance: 	System shall perform in accordance with Rule	.1961.	,			
II. Monitoring:	As required by Rule .1961.					
III. Maintenance:	As required by Rule .1961. Other:					
52550000000000000000000000000000000000	Subsurface system operator required? Yes					
	If yes, see attached sheet for additional opera		and reporting.			
IV. Operation:	if yes, see attached sheet for additional opera					
operation						
V. Other:						
_	D.D D. Duma		Alarm 🗆	U201:no		PWR Line
	D-Box		_Alarm 🗆	H20Line		r wk line
Following are the specifications for the sewage disposal system on the above captioned property.						
11	Conventional St Other			gallons		gallons
Subsurface	No. of exact leng		width of		depth of	
Drainage Field	ditches of each d	tchfeet	ditches	feet	ditches 24	_ inches
French Drain Required: Linear feet						
Authorized State Agent Date 05/27/2021						
Authorized State Agent Date 38/27/2021						