HTE# SFD2007-0087

Harnett County Department of Public Health

No. 26465

PERMIT # NA

Operation Permit

| realiff # 1033 | operation retring |
|--|--|
| | New Installation Septic Tank 🖎 Nitrification Line 🗆 Repair 🗆 Expansion |
| | PROPERTY LOCATION: 1329 GILL AVERY 10 (51.1563) |
| Name: (owner) CON TEOP BUTS CO | |
| System Installer: GRAZE BACHIGE | Registration # |
| Basement with plumbing: ☐ Garage ☑ Number of Bedrooms | |
| Type of Water Supply: Community Type of Water Supply: Type of Water Supp | Distance from well feet |
| System Type: 25% TENERICAL STR. | |
| (In accordance with Table Y a) | Owner must contact Health Department 6 months prior to expiration for permit renewal. |
| , | 17 |
| This system has been installed in compliance with applicable North Carolina General Sta | atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. |
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| | 10 (521563) |
| PERMIT CONDITIONS: | 100 (3 - 100) |
| 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 opera | |
| IV. Operation: | <u> </u> |
| · | |
| Y. Other: | |
| □ D-Box □ Pump | a |
| | |
| Following are the specifications for the sewage disposal system on the | |
| Type of system: Conventional Other Conventional | |
| Subsurface No. of exact leng Drainage Field ditches 3 of each di | T Co. 1 |
| Drainage Field ditches <u>S</u> of each di French Drain Required: Linear feet | litch feet ditches inches |
| French Draits required Linear recu | |
| Y-11-11-11-11-11-11-11-11-11-11-11-11-11 | |
| Authorized State Agent | Date 02/03/2021 |