HTE# 5FD2009-0045

Harnett County Department of Public Health

No. 26338

PERMIT # WK

Operation Permit

TEMIN #	operation remit
	New Installation Septic Tank Nitrification Line Repair Expansion
Names (assess) 1000 1000 1000 1000 1000	PROPERTY LOCATION: 1380 POPE 1800 (5~1793)
Name: (owner) WILLONG MELLITY IN	
System Installer: CLIAT ADAMS	Registration #
Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well	
System Type: 25% 1500000 5.75.	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 St	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule	1961.
II. Monitoring: As required by Rule . 1961.	
m required by hate 1701. Other.	PORE 10ND (52 1793)
Subsurface system operator required? Yes If yes, see attached sheet for additional opera	
IV. Operation:	tuon conditions, maintenance and reporting.
V. Other:	
□ D-Box □ Pum	
Following are the specifications for the sewage disposal system on the	
Type of system: Conventional Other EZ FL Subsurface No. of exact len	
	gth width of depth of litches 3 feet ditches 20 inches
French Drain Required: Linear feet	
Authorized State Agent Date Date	