Harnett County Department of Public Health

PERMIT # 502208-0077

Operation Permit

Name: (owner) Personia Stort Real	New Installation	Septic Tank Mitrification	Line Repair Expansion
7 - 5 0 1	PROPERTY LOCATION:	82 WolcoTI CT	(50 1202)
Name: (owner) Person I FOUT Keal	ESTATE SUBDIVISION	Liberty Mead	لا لا LOT # لاس بو
System Installer:	1.5	,	
Basement with plumbing: Garage Number of Bedrooms			
Type of Water Supply: Community Public Well		feet	
System Type: Type TIL II		I VI Systems expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Depa	rtment 6 months prior to expiration	for permit renewal.
This system has been installed in compliance 58 50 cable North Carolina General Si			
Inis system has been installed in compliance you to Microster North Carolling General St	atutes, Kules for Sewage Treatment and Disp	osal, and all conditions of the Improvement P	ermit and Construction Authorization.
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(11/10			. My on
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		/ 11	rd property or
	_	[Install	4-11-63
7	(100)		
4.	5'x38' Or		
	Dr		
	The Las	/	
1			
V.			
	/_ \ /		
PERMIT CONDITIONS:	COTT CT		
Performance: System shall perform in accordance with Rule	1961		
II. Monitoring: As required by Rule .1961.	.1701.		
III. Maintenance: As required by Rule .1961. Other:			
Subsurface system operator required? Yes	No 🔯	2	
If yes, see attached sheet for additional oper IV. Operation:		eporting.	
V. Other:			
b 00 % 0	a Dec Alarn	n 🗆 H20Lir	ne 🗆 PWR Line
Following are the specifications for the sewage disposal system on the Type of system: Conventional Other 25% 1 Subsurface No. of exact len	above captioned property		7 777 2110
Type of system: Conventional M Other 25%	Eduction Tay	Septic Tank: 1000) gallong	s Pump Tank: 1000 gallons
Subsurface No. of exact len	gth	width of	depth of
Drainage Field ditches of each	litch <u>30(</u> feet	ditches feet	ditches ZO inches
French Drain Required: Linear feet			
n1 / M	0 = 115	,- ,-	1-77
Authorized State Agent	REHS	Date _ 5- 3	1-6)