## Harnett County Department of Public Health

| PERMIT # 570-305-0085   | Operation Permit   |                       |
|---|--|-----------------------|
|   | New Installation 🔀 Septic Tank 🔀 Nitrification Line 🗆  | Repair   Expansion    |
|   | PROPERTY LOCATION: 8213 0 0 US421  |                       |
| Name: (owner) ABBEY GURKIN  | SUBDIVISION  | LOT #                 |
| System Installer: Row WNL   |  |                       |
| Basement with plumbing:  Garage Number of Bedro   | ioms 5   |                       |
| Type of Water Supply:   Community   Public   W  |  |                       |
| System Type:  | 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 re  | newal.                |
| REPAIR  | Discoulated Balance Communication of the Institute of the | orion Andronius       |
|   | ral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Constru<br>)   | iction Authorization. |
| AZEA  | j  |                       |
|   | · ·  |                       |
|   |  |                       |
|   |  |                       |
| 1 1   |  |                       |
|   |  |                       |
| HOUSE   |  |                       |
| 1 (0 0 0 0 0  |  |                       |
|   | 27   |                       |
|   |  |                       |
|   | 15'  |                       |
|   |  |                       |
|   |  |                       |
|   |  |                       |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |  |                       |
|   |  |                       |
|   |  |                       |
| V (   |  |                       |
| \ \   |  |                       |
|   |  |                       |
|   |  |                       |
| PERMIT CONDITIONS:  |  |                       |
| 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: |  |                       |
| III. Maintenance: As required by Rule .1961. Other:<br>Subsurface system operator required? Yes | □ No X   |                       |
|   | operation conditions, maintenance and reporting.   |                       |
| IV. Operation:  |  |                       |
|   |  |                       |
| V. Other:   |  |                       |
| □ D-Box □ P   | Pump 🗆 Alarm 🗆 H20Line 🗆   | PWR Line              |
| Following are the specifications for the sewage disposal system on                              | the above captioned property.  |                       |
| Type of system:  Conventional Other EZ  |  | gallons               |
|   | length width of depth of ditches 3 feet ditches 1  | 8-12 inches           |
| Drainage Field ditches of ea French Drain Required: Linear feet                                 | och ditch <u>450</u> feet ditches <u>5</u> feet ditches <u>1</u>   | 8-12 inches           |
| Lifed leet  |  |                       |
| Authorized State Agent  | REHS Date 3 20 24  |                       |
| Authorized State Agent  | Date 5 20 24   |                       |