## Harnett County Department of Public Health

PERMIT # SED 2410 .0033

Operation Permit

		K M Nitrification Line L Repair  Clean Let Church Rd	
Name: (owner) Ryan Shode-		LOT	
System Installer: Larry Sharpe			
Basement with plumbing: Garage Number of Bedroom	s 4 ( Speople)		
Type of Water Supply:   Community  Public  Well	Distance from well feet		
System Type:	Types V and VI Systems		
(iii accordance with Table 4 a)	Owner must contact Health Department 6 mo	onths prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Carolina General S	tatutes, Rules for Sewage Treatment and Disposal, and all co	nditions of the Improvement Permit and Construction Auth	orization.
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PERMIT COMPITIONS			
PERMIT CONDITIONS:  I. Performance: System shall perform in accordance with Rule	1041		
II. Monitoring: As required by Rule .1961.	: .1701.		
III. Maintenance: As required by Rule .1961. Other:			
Subsurface system operator required? Yes	No 🔀	1	-
If yes, see attached sheet for additional open	ation conditions, maintenance and reporting.		
IV. Operation:			_
V. Other: Curtain Drain Add	ed 10 above Drain Fo	eld	-
□ D-Box □ Pum		H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the		IIZULIIIE 🗆	rwk line
Type of system:  Conventional Other 25%	duc Tion I Qy Septic Tank:	gallons Pump Tank:	gallons
Subsurface No. of exact ler		depth of	ganons
	ditch 302 feet ditches		inches
French Drain Required: Linear feet			
.11	N		
Authorized State Agent Mah	a REHS	Date 6-16-25	