Harnett County Department of Public Health

PERMIT # 5402502-0051	Operation Permit	k Nitrification Line Repair	□ f
	PROPERTY LOCATION: 50 155	Tokan H. () Repair	Expansion
Name: (owner) Clayoton Properties Gas	SUBDIVISION Language,	17 Johnston County (21) Reserve LOT	# 22
Name: (owner) Clayton Properties Corp System Installer: Branthay 4/500			
Basement with plumbing: Garage Number of Bedrooms	Distance from well feet		
Type of Water Supply: Community Public Well System Type: 25% TCG WCTCG Supply:	Distance from well feet		
(In accordance with Table V a)	Owner must contact Health Department 6 mo		
,	omer mass contact nearth bepartment of me	oncis prior to expiration for perior tenewal.	
This system has been installed in compliance with applicable North Carolina General St	atutes, Rules for Sewage Treatment and Disposal, and all cor	nditions of the Improvement Permit and Construction Author	orization.
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PERMIT CONDITIONS:	/ ALCE		
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 If yes, see attached sheet for additional operator			
IV. Operation:	non conditions, maintenance and reporting.		
V. Other:			
□ D-Box □ Pum	D □ Alarm □	H20Line 🗆	PWR Line
Following are the specifications for the sewage disposal system on the	above captioned property.		
Type of system: Conventional Other 25% PS Subsurface No. of exact len		1000 gallons Pump Tank:	gallons
,	oth width of itch 300 feet ditches	depth of ditche 2-24	inches
French Drain Required: Linear feet		icet untilled 2 12 /	inches
2 /	1 Among		
Authorized State Agent	when For BHS	Date 5-25-25	