## Harnett County Department of Public Health

Operation Permit PERMIT # 5190 2505-0064 New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: 5x1725 Aske Ave Name: (owner) 151 Burldons For SUBDIVISION ILAS WAY LOT # 32 System Installer: Garage Wumber of Bedrooms Basement with plumbing: Type of Water Supply: 

Community Public 📮 Well Distance from well System Type: 25% 78 DUCATINE \_ Types V and Systems expire in 5 years. (In accordance with Table V a) 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 Statutes, Rules for every ewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. Boston There PERMIT CONDITIONS: I. System shall perform in accordance with Rule .1961. Performance: II. As required by Rule . 1961. Monitoring: III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes ☐ No ☐ If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: D-Box Pump Alarm H20Line **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Type of system: 

Conventional Other 15% 1750 CFW Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of of each ditch 406 feet Drainage Field ditches ditches ditches feet inches French Drain Required: Linear feet Authorized State Agent