HTE# 5PLU 1810-6005

Harnett County Department of Public Health

25607

PERMIT # 30241

Operation Permit

| PERMIT # _502-1 | <u>operation remint</u> |
|---|--|
| | New Installation Septic Tank Nitrification Line Repair Expansion |
| | PROPERTY LOCATION: 3061 TITAN ROBERS & |
| Name (aurent Dans Dans Ja | |
| Name: (owner) ROBERT RAYMOR JO | SUBDIVISIONLOT # |
| System Installer: YELLOW DOG | Registration # |
| Basement with plumbing: Garage Wumber of Bedroom | |
| Type of Water Supply: Community Public Well | 95.307449-3094 |
| 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 renewal. |
| | |
| This system has been installed in compliance with applicable North Carolina General S | tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. |
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| 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: | |
| Subsurface system operator required? Yes 🗆 | No X |
| If yes, see attached sheet for additional oper | ation conditions, maintenance and reporting. |
| IV. Operation: | |
| <u></u> | |
| V. Other: | |
| D Dow D Dum | D NOTE D NOTE D |
| □ D-Box □ Pump | |
| Following are the specifications for the sewage disposal system on the | |
| Type of system: Conventional Other | Septic Tank: 1000 gallons Pump Tank: 1000 gallons |
| Subsurface No. of exact len | gth width of depth of |
| Drainage Field ditches 1 of each of | litch 80 feet ditches 3 feet ditches 17 inches |
| French Drain Required: Linear feet | |
| | |
| Authorized State Agent | ou olado |
| Authorized State Agent | Date 8 29 19 |
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