## HTE# 60532003-0002 Harnett County Department of Public Health

No. 26189

PERMIT #	<u>Operation Permit</u>
	New Installation   Septic Tank   Nitrification Line   Repair   Expansion
	PROPERTY LOCATION: 156 Dear Track Rd (SE NCZT)
Name: (owner) Harold Nocker	SUBDIVISIONLOT #
System Installer: A+ L Enterprise	Registration #
Basement with plumbing:  Garage Mumber of Bedrooms	_3
Type of Water Supply:   Community Public Well	Distance from well feet
System Type: The Source 4+ (In accordance with Table V a)	Types V and VI Systems expire in 5 years.
(iii 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 Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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\	18,
3BR DWMH	
- 32 - 31' x 76'	
5'	
1 2 2	
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DEDMIT COMPLETANCE	
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 🗆 N	
If yes, see attached sheet for additional operat	ion conditions, maintenance and reporting.
IV. Operation:	
V. 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	gallons Pump Tank: gallons
Subsurface No. of exact lengt	width of depth of 15 311
Drainage Field ditches of each dit French Drain Required: Linear feet	ch 56 feet ditches 3 feet ditches 18-24 inches
Lilled Peel	
Authorized State Agent Date 6/24/2020	
Authorized State Agent	Date Of Cal