HTE# 16-5-39408

Harnett County Department of Public Health

24538

PERMIT # 28948

Operation Permit

| | New Installation Septic Tank Nitrification Line PROPERTY LOCATION: | Repair 🗆 Expansion |
|---|--|--------------------|
| Name: (owner) SOUTHEASTERNGEN C | OUT. SUBDIVISION | LOT # 1_ |
| System Installer: HAZON SERTIC | Registration # | |
| Basement with plumbing: Garage Number of Bedrooms | 3 ° | |
| Type of Water Supply: Community Public Well | Distance from well feet | |
| System Type:(In accordance with Table V a) | Owner must contact Health Department 6 months prior to expiration for permit | ranawal |
| prior to expiration for perior televial. | | |
| This system has been installed in compliance with applicable North Carolina General Statutes, 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 .1 | 041 | |
| II. Monitoring: As required by Rule .1961. | 701. | |
| III. Maintenance: As required by Rule .1961. Other: | | |
| Subsurface system operator required? Yes \(\square\) No | × | |
| If yes, see attached sheet for additional operation: | on conditions, maintenance and reporting. | |
| | | |
| V. Other: | | |
| | □Alarm □H20Line □ | PWR Line |
| Following are the specifications for the sewage disposal system on the a Type of system: Conventional Other | | |
| | Salvers 1 amp 1 amp | gallons |
| Drainage Field ditches of each ditc | h 90 feet ditches 3 feet ditches | inches |
| French Drain Required: Linear feet | | |
| | | |
| Authorized State Agent | Date 13 7 | |