HTE# STD 2003-003)

Authorized State Agent\_

## Harnett County Department of Public Health

No. 26532

**Operation Permit** PERMIT # \_\_\_\_N 51.429 New Installation A Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 809 AVERY POWS DR (CHRESPOTTE NO) Name: (owner) LGI HOMES NC LLC SUBDIVISION ANEXT POND LOT # 132 System Installer: THORNTON'S PLUMBING Registration # Basement with plumbing: Type of Water Supply: 

Community 

Public 

Well Distance from well 

feet System Type: 25% NESSTON System System 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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. EGUAL DISTRIBUTION AUENT PONDS PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. 1. Performance: II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \( \square\) No. If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: □\_\_\_\_\_Pump □\_\_\_\_\_Alarm □\_\_ D-Box H20Line □ **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Type of system: 

Conventional & Other Et recen Ille Septic Tank: \_ gallons Pump Tank: \_ Subsurface No. of exact length width of depth of 75 ditches \_ 24 of each ditch Drainage Field ditches feet ditches French Drain Required: