HTE#_ 16-5-404582

Harnett County Department of Public Health Operation Permit

24823

DEDMIT # 7.91949

PERMIT #	operation remit
	New Installation
	PROPERTY LOCATION: 32 1565 Silas Hoges and.
Name: (owner) Stancil Bids Inc.	
System Installer: 5+concil Blds Foc.	Registration #
Basement with plumbing: Garage Number of Bedrooms	negistration #
Type of Water Supply: Community Public Well	Distance from well feet
System Type: 250 reduction 575.	
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
(iii decordance with table (a)	owner must contact health bepartment o 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.
131	PART REPAIR II
PERMIT CONDITIONS:	H STANDARD DR.
I. Performance: System shall perform in accordance with Rule .	1961
II. Monitoring: As required by Rule .1961.	1701.
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes 🗆 N	10
If yes, see attached sheet for additional operat	
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 FERSON III Septic Tank: Septic Tank: gallons Pump Tank: gallons	
Subsurface No. of exact lengt	
	ch 300 feet ditches 3 feet ditches 18 inches
French Drain Required: Linear feet	multi-
Authorized State Agent	1103/2017

