HTE# 15 - 5-37 663

Harnett County Department of Public Health

23972

PERMIT # 28628

Operation Permit

		×				trification Line \Box	Repair \square	Expansion
,					TARLIGHT			\ 2
	SHANE HUDS				HORIZON	N	LOT #	13
System Installer: AVELA CONSTRUCTION Registration #								
Basement with plumbing: Garage Number of Bedrooms Well Distance from well feet								
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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.								
$\sim 12\overset{\checkmark}{\rightarrow}$								
REPURE RESTORMENT OR								
PERMIT CONDITIONS:	-							
I. Performance:	System shall perform in accordan	ice with Rule .1961.						
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:							
iii. Haintenance.	Subsurface system operator requi	red? Yes 🗆 No 🔀						
	If yes, see attached sheet for ad	ditional operation co	onditions, maintenan	ce and reporting	ţ.			
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 EZ From Company Septic Tank: 1000 gallons Pump Tank: 1000 gallo								
Type of system: (N	exact length	(tome)		ank: <u>1000</u> th of	gallons Pump Tan depth of		gallons
Drainage Field	ditches 3	of each ditch	30 feet	dita	hes 3	feet ditches _	18-50	_ inches
French Drain Required:		r feet						
Authorized State Agent Date 2/33/6								