Harnett County Department of Public Health

PERMIT # 5502012-0025

Operation Permit

	•	tic Tank Mitrification Line Mepa	
Name: (aumar) 1114/11 6:34/75 0.05		80 HODEYCUTT FARM DA.	
Name: (owner) HUCH SOMES B-DS SUBDIVISION LOT #			
Basement with plumbing: Garage Number of Bedrooms 4			
		feet	
System Type: 25% NEWCTON STOTEL		Systems expire in 5 years.	
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.			
	No. 6 Company of No.	and all and first of the language Demis and Constraints	And a decided
This system has been installed in compliance with applicable forth Carolina General Sta		and all conditions of the Improvement Permit and Construction	Authorization.
1 1 .676	18000000	* GANGTY TO DIBON	
100'1	MARKETON 18'	FRUM DISTAIRSTIC	2
I \	- U2	Y ANY FUTURE DEFACHE	A:
1 04	CHAMORA 1-38	STANCTURES (BANDS, CA	
19'	1957	BLPS) SHALL BE DEE	ENDERT
11-15		UN SEPTIC SETTS ACC	
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1 58'	!		1 - 10
			- 10-
6 5 ·	1 106'		1
1	o'	,	
~15' SP	1		1
5:75	,		
1			
Pone	н		
140'			
PERMIT CONDITIONS:	10/1		
Performance: System shall perform in accordance with Rule Monitoring: As required by Rule .1961.	1961.		
III. Maintenance: As required by Rule .1961. Other:			
Subsurface system operator required? Yes \(\subseteq \) No \(\subseteq \).			
If yes, see attached sheet for additional operation 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 O4 CHA		ic Tank: gallons Pump Tank:	gallons
Subsurface No. of exact leng	Charles and the second of the	width of depth of	
Drainage Field ditches of each d	itch <u>LOO</u> feet	ditches3 feet ditches	E inches
French Drain Required: Linear feet			
+ Antol	Sens 1	Date 05/04/202	, 1
Authorized State Agent	WI IL	Date	1