Harnett County Department of Public Health

24564

PERMIT # 29435

Operation Permit

| PENIII # | <u> </u> | <u>operation</u> | | \ | | |
|---|---|---|---------------------|--|------------------------|-------------|
| | | New Installation | Septic Tank | Nitrificatio | n Line 🗆 Repair 🗆 | ☐ Expansion |
| Name: (owner) | LOUNSON FAIR HOME | | Mom & | n Rock Re | | 50 |
| System Installer: | | SUBDIVISION Registration | | DEV | LOT # | 317 |
| Basement with plumbi | | | υII <i>π</i> | 3 | | |
| Type of Water Supply: | | Distance from well | feet | | | |
| System Type: | TUS | | es V and VI Systems | | | |
| (In accordance with Ta | able V a) | Owner must contact Hea | lth Department 6 mo | nths prior to expiration | on 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. | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | 247 | | | | |
| | | | | | | |
| | € C6'. | MIDSE PAIR PAIEN ROCK RD | | | | |
| PERMIT CONDITIONS: | | | ₹0 | | | |
| I. Performance: | System shall perform in accordance with Rule | .1961. | | | | |
| II. Monitoring: III. Maintenance: | As required by Rule .1961. | | | | | |
| III. Maintenance: | As required by Rule .1961. Other: | No | | () () () () () () () () () () () () () (| | |
| IV. Operation: | If yes, see attached sheet for additional opera- | tion conditions, maintenance | and reporting. | | | |
| V. Other: | | 100 1 100 100 100 100 100 100 100 100 1 | 77.45 | | | |
| | D Pay D | | Al- | 11001: | | DIMB |
| Following are the speci | D-Box Pump fications for the sewage disposal system on the | | AIdrm 🗆 | H20Lir | ie Li | PWR Line |
| | Conventional Other 1106 C | | Septic Tank: | 1000 gallon | ns Pump Tank: | gallons |
| Subsurface | No. of exact lens | th | width of | 3 | | banons |
| Drainage Field | ditches of each d | tch 240 feet | ditches | feet | depth of 24-30 | _ inches |
| French Drain Required: | | | | | | |
| Authorized State Ag | ent | REHS | | Date 6 13 1 | \neg | |
| numbrized state Ag | ciit | 1000 | | Date 5 15 | 4 | |