HTE# 16-5-40812

Harnett County Department of Public Health

24458

PERMIT # 29413

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expair	nsion
PROPERTY LOCATION: WINGED FOOT DOVE	
Name: (owner) H+H Opisite Homes LLC SUBDIVISION WALNUT GROVE LOT # 18	
System Installer: Registration #	
Basement with plumbing: Garage Number of Bedrooms 4	
Type of Water Supply: Community Public Well Distance from well 100 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.	
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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.	
WING ED FOOT AQL WING ED FOOT AQL	
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes \(\sigma \) No \(\sigma \)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
	R Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other Pume To EZ FLow Septic Tank: 1000 gallons Pump Tank: 1000 gal	lons
Subsurface No. of exact length width of depth of	
Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches K inches	
French Drain Required: Linear feet	
Authorized State Agent Date 3 117	