HTE# 05-511269R

Harnett County Department of Public Health

23417

PERMIT # 27944	
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PERMIT # 279	<u>Operation Permit</u>
	New Installation 🖂 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗆 Expansion
	PROPERTY LOCATION: WADE STEPHENSON RO
Name: (owner)	STATEMENT CUSTOM HOMES SUBDIVISION FIGLOSTONE FARMS LOT # 2
System Installer: _	
Basement with plumbi	
Type of Water Supply:	
System Type:	Types V and VI Systems expire in 5 years.
(In accordance with Ta	
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This system has been install	ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	REPAIR AREA
	206
	HOUSE
	The state of the s
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 No
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	
V Odboo	
V. Other:	
	D-Box
Following are the spec	ifications for the sewage disposal system on the above captioned property.
Type of system:	
Subsurface	No. of exact length width of depth of
Drainage Field	ditches \(\triangle \) of each ditch \(\frac{130}{2} \) feet ditches \(\frac{3}{2} \) feet ditches \(\frac{1}{2} \) inches
French Drain Required:	
Authorized State Ag	pent Date 10 28 14
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