HTE#06-5-16147

## Harnett County Department of Public Health 19348 Operation Permit

PERMIT # as and	Operation Permit	
	New Installation 🗵 Septic Tank 🗆 Repair 🗷 Nitrificat	tion Line  Expansion
	PROPERTY LOCATION: LEMUEL BLACK RO (SRI)	
Name: (owner) QUEST DEV. Co. INC	SUBDIVISION GATEMEST	LOT # 1
System Installer: STRICKLAND BACKHOE		
	Registration #	
Basement with plumbing: ☐ Garage ☑ Number of Bedroom:  Type of Water Supply: ☐ Community ☑ Public ☐ Well		
System Type: a community & rubin	Distance from well 100 feet 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 permi	it renewal
(iii accordance iii ii iaale v a)	owner music contact realth opportunent o months prior to expiration for permi	it renewal.
This system has been installed in compliance with applicable North Carolina General S	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Co	onstruction Authorization.
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PERMIT CONDITIONS:	10/1	
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:	N. M	
If yes, see attached sheet for additional oper		
IV. Operation:	auon conditions, maintenance and reporting.	
The operation.		
V. Other:		
Following are the specifications for the sewage disposal system on the	e above captioned property.	
Type of system:  Conventional Other Pow. Acc	Size of tank: Septic Tank: 1000 gallons Pump Ta	ank: gallons
Subsurface No. of exact len	gth width of depth of	of
Drainage Field ditches of each of	ditch 300 feet ditches 3 feet ditches	18-20 inches
French Drain Required: \tag{tigear feet}		
Authorized State Agent	Date 7 W 07	