HTE# 06-5-16153

Harnett County Department of Public Health Operation Permit

20336

PERMIT #	52	041
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PERMIT # 325 OCT]	<u>vperation remiti</u>
	New Installation Septic Tank Repair Nitrification Line Expansion
	PROPERTY LOCATION: LEMUEL BLACK RD
Name: (owner) QUEST DEV. CO. INC.	SUBDIVISION GATENEST LOT #]
System Installer: OTIS STANCHEND	
	Registration #
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply: Community Public Well	Distance from well 100 feet
System Type:	Types V and VI Systems expire in 5 years.
(iii accordance with fable v a)	Owner must contact Health Department 6 months prior to expiration for permit 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 Construction Authorization.
This specim has been instance in compnance with applicable notificationing detectars.	Address, for service treatment and disposal, and an conditions of the improvement Permit and Construction Authorization.
* REPAIR - PUMPTO FILL OFFEITE EASONEM LOT 4	340) 340) 340) 340)
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	
If yes, see attached sheet for additional opera	ition conditions, maintenance and reporting.
IV. Operation:	
V. Other: COVER CHECKED ON 10	10/02
V. Other: Coven CHECKED ON 10	10/08
Following are the specifications for the sewage disposal system on the Type of system: Conventional Other E2 Flow	
Type of system: Conventional Other E2 FLOX Subsurface No. of exact length	
	76LA
French Drain Required:	tch 3 feet ditches 3 feet ditches 14-17 inches
The state of the s	
Authorized State Agent	Date 10/16/04