HTE#07-5-16736RC

Harnett County Department of Public Health

PERMIT # 26866	Operation Permit	22236
	New Installation Septic Tank Mitrification	Line 🗆 Repair 🗀 Expansion
0 0	PROPERTY LOCATION: LEMUEL BLACK	_ &
Name: (owner) BILL CLARK HOMES	SUBDIVISION GATEWEST	F01 # 75
System Installer: WMME SONES	Registration #	
Basement with plumbing: Garage Number of Bedroom		
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 1 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	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement F	Permit and Construction Authorization
R	PORTER G. HOUVE WATER LAPP REPAR EMINGTON HILL DR.	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule	10/1	
II. Monitoring: As required by Rule .1961.	.1701.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes 🗆 !		
If yes, see attached sheet for additional operators. Operation:	ion conditions, maintenance and reporting.	
ir. operation.		
V. Other:		
□ D-Box □ Pump	□Alarm □H20Line	PWR Line
Following are the specifications for the sewage disposal system on the	above captioned property.	
Type of system: Conventional Other CMANBER Subsurface No. of exact lengt	• • • • • • • • • • • • • • • • • • • •	
under longe	7-5	depth of
French Drain Required: Tinear teet	ch <u>130</u> feet ditches <u>3</u> feet	ditches inches
THE THE		
Authorized State Agent	REMS Date 3/26/19	