HTE# 09-5-21957R

Harnett County Department of Public Health 20841

PERMIT # <u>25480</u>

Operation Permit

	New Installation 🛛 Septic Tank 🗌 Repair 💆 Nitrifica	tion Line 🔲 Expansion
	PROPERTY LOCATION: LEMUEL BLACK RD	•
Name: (owner) CAVINESS LAND DEVELO	PMENT SUBDIVISION FOREST DAKS	L0T # <u>782_</u>
System Installer: OC CAREA	Registration #	
Basement with plumbing: Garage Mumber of Bedroon		
Type of Water Supply: Community 🔀 Public 🗆 Wel	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 perm	it renewal.
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 Co	
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	BLUEBONNET DAK CT	
PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with Rule	1041	
II. Monitoring: As required by Rule .1961.	: .1701.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes	No.X	
If yes, see attached sheet for additional oper	ation conditions, maintenance and reporting	
IV. Operation:		
V Other		
V. Other:		
Following are the specifications for the sewage disposal system on the	e above captioned property	
Type of system: Conventional Other TIAC C		k: gallons
Subsurface No. of exact len		
•		24-18 inches
French Drain Required:Linear feet		BELOW NATURAL GRAD
Authorized State Agent	es Date 7/16/09	and the second
O	vate / 11601	