HTE# 09-5-23284

Harnett County Department of Public Health 21323

PERMIT # 2580 L)

Operation Permit

	•	PROPERTY LOCATION: Poncess Ro	ication Line 🗀 Expansion
Name: (owner) _	JEFF LUCAS	SUBDIVISION CAROLINA SEASONS	LOT # 32
System Installer:		Registration #	
Basement with plum		4	
Type of Water Suppl	,	Distance from well VOO feet	
System Type:	Table Was	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 pe	rmit renewal.
This system has been insti	alled in compliance with applicable North Carolina General Sta	tutes Rules for Seware Treatment and Disposal and all conditions of the Improvement During	Formania Autoria
PERMIT CONDITIONS:	alled in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Disposal, and all conditions of the Improvement Permit and Repeated	d Construction Authorization.
I. Performance:II. Monitoring:	System shall perform in accordance with Rule . As required by Rule .1961.	1901.	
III. Maintenance:	As required by Rule .1961. Other:		
	Subsurface system operator required? Yes 🗌 No	×	
	If yes, see attached sheet for additional operati	on conditions, maintenance and reporting.	
IV. Operation:			
V. Other:			
Following are the speci	ifications for the sewage disposal system on the a	bove captioned property.	
Type of system: \Box	Conventional Other CHAMBER	Septic Tank: 1000 gallons Pump I	ank: gallons
Subsurface	No. of exact length	width of depth	of
Drainage Field French Drain Required:	ditches of each ditc	h 156 feet ditches 3 feet ditche	s <u>24 </u>
riencii biani kequired:	Linear feet		
Authorized State Ag	ent_WWWW	R.E.AS Date 3 5 10	
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