HTE# 12-5-29455

Harnett County Department of Public Health

PERMIT # 27128	Operation	Permit		2239	8
PERMIT # _~/J~O	/		Nitrification	Line 🗆 Repair 🗀	
	PROPERTY LOCAT	TION: Chalv	beate Rd.		
Name: (owner) Stancil Builders	SUBDIVISION _	TION: Chaly Dextert	eld	LOT #	45
System Installer:	Registration	ı #			
Basement with plumbing: ☐ Garage ☐ Number of Bedrooms Type of Water Supply: ☐ Community ☐ Public ☐ Well		faat			
System Type:		V and VI Systems exp	oire in 5 years.		
(In accordance with Table V a)	Owner must contact Health	Department 6 month	ns prior to expiration	for permit renewal.	
This system has been installed in compliance with applicable North Carolina General S	tatutes, Rules for Sewage Treatment av	nd Disposal, and all conditi	ons of the Improvement Pe	rmit and Construction Authorizat	ion.
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PERMIT CONDITIONS:	10/1				
 Performance: System shall perform in accordance with Rule 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 oper	No 🗹	and reporting			
IV. Operation:	ation conditions, maintenance	and reporting.			
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V. Other:		1. –	11001:		DWD I :
D-Box Denote Pump		Narm 🗆	H20Line	Ц	PWR Line
Following are the specifications for the sewage disposal system on the Type of system: Conventional Other 10 or	e above captioned property.	Septic Tank:	/000 gallons	Pump Tank: 1000	gallons
Subsurface No. of exact len	gth	width of	~ ~	depth of	_
Drainage Field ditches 2 of each French Drain Required: Linear feet	ditch 150 feet	ditches	feet	ditches 30-18	_ inches
2					
Authorized State Agent S. M. R. R. R.	145		Data ///Cm	20/2	