HTE# 13-5-31858

Harnett County Department of Public Health Operation Permit

23044

| PERMIT # | |
|--|--------------------------|
| New Installation 🗶 Septic Tank 💆 Nitrification Line 🗆 | Repair 🗌 Expansion |
| PROPERTY LOCATION: ALPINE DR | |
| Name: (owner) CATES BUILDING SUBDIVISION WEST LANDING | rol # /&Q |
| System Installer: EDDIE GRENER 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. | |
| (In accordance with Table 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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Con | struction Authorization. |
| 20° CRAWAGE + UTE EASEMENT RED RICE RED RICE | |
| 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 \(\subseteq \text{No.} \) | |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: | |
| | |
| V. Other: | |
| □ D-Box □ Pump □ Alarm □ H20Line □ | PWR Line |
| Following are the specifications for the sewage disposal system on the above captioned property. | |
| | k: gallons |
| Subsurface No. of exact length width of depth of | ~ // `` / / |
| Drainage Field ditches of each ditch feet ditches | 34-3-6 inches |
| Trench Main required | |
| | |
| Authorized State Agent Date 10 31 3 | |