HTE# 13 5- 32224 Harnett County Department of Public Health 23215
PERMIT # <u>Z7592</u> / <u>Operation Permit</u>
🗹 New Installation 🗹 Septic Tank 🗹 Nitrification Line 🗆 Repair 🗆 Expansion
PROPERTY LOCATION 31/129 Chalpert Bysel
Name: (owner) <u>STANCEL BUSINERS</u> SUBDIVISION Devtented LOT # 56
System Installer: <u>Similar Builden</u> Registration # Basement with plumbing: Garage I Number of Bedrooms 3
Type of Water Supply: 🗀 Community 🛛 Public 🔲 Well 🛛 Distance from well feet
System Type: Two is the system of the system
(in accordance with Table V a) . Owner must contact realth 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 Construction Authorization.
7 pt t
<u> </u>
A A A
- Brand Red
su nop-
$\rightarrow$ $12$
SFD I
FF G STD L
26
$\mathcal{A} = \mathcal{A} = \mathcal{A} = \mathcal{A}$
bo E
AIVIS CT
· ·
PERMIT CONDITIONS: 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:
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
Y. 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 25%/12:00/CFC6Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length depth of
Drainage Field ditches $3$ of each ditch $1^{2}$ feet ditches $3$ feet ditches $26 > 12$ inches
French Drain Required: Linear feet
Authorized State Agent_ and E Manhart Date 6-9-14
Authorized State Agent Date Date Date