HTE# 14-5-32850 227 Harnett County Department of Public Health 23347
PERMIT # 279 27 Operation Permit
New Installation  Septic Tank  Nitrification Line  Repair  Expansion
PROPERTY LOCATION: 5745 12AWS CH RAS
Name: (owner) Confort Homes SUBDIVISION STRUSS LOT # 3
System Installer: Registration #
Basement with plumbing: Garage  whember of Bedrooms  seement with plumbing: Community  when Supply: Community  when Supply  community  community  when Supply  community  com
Type of Water Supply: □ Community ■ Public □ Well Distance from well feet System Type: 11 60041513 252013D Type II 8 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 Construction Authorization.
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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:  Subsurface system operator required? Yes  No  No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
Following are the specifications for the sewage disposal system on the above eaptioned property.
Type of system: Conventional Other Change Qu' Septic Tank: Jood gallons Pump Tank: Jood gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 75 feet ditches 3 feet ditches 12 inches  French Drain Required: Linear feet
Authorized State Agent  Date 11 10 14