Harnett County Department of Public Health

23582

PERMIT # <u>2822</u>	<u>Operation Permit</u>	
		ion
	PROPERTY LOCATION: 50/4/5 Popul = CAL RD	
Name: (owner)	Comfort Homes INC SUBDIVISION STETSON LOT # 26	
System Installer:		_
Basement with plumb		
Type of Water Supply		
System Type: Pun	Types V and VI Systems expire in 5 years.	
(In accordance with T	Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been instal	ılled 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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	Note !	
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	The state of the s	
	(-11-5) Sts 1x 26-5	
	16 -3 G 1 - 16-3	
	1 12/	
	1 50' Dell	
	[E 16	
PERMIT CONDITIONS:	Moonley 24 Dr.	
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:	
m. Hannenance.	As required by Rule .1961. Other:	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
V. Other:		l ine
		-III
	cifications for the sewage disposal system on the above captioned property. Conventional T Other <u>25% Ped v CT/の</u> gallo	ns.
Subsurface	No. of exact length width of depth of	113
Drainage Field	ditches of each ditch 248 feet ditches feet ditches feet ditches inches	
French Drain Required:		
Authorized State Ad	gent and & Mahar fra Date 5.9-15	