HTE# 15-5-35376 Harnett County Department of Public Health 23580
PERMIT # <u>28227</u> <u>Operation Permit</u> <u>Operation Permit</u> <u>New Installation</u> <u>Septic Tank</u> <u>Nitrification Line</u> <u>Repair</u> <u>Expansion</u>
🗹 New Installation 🗹 Septic Tank 🗹 Nitrification Line 🗆 Repair 🗆 Expansion
Name: (owner) <u>Confort</u> Homes INC <u>SUBDIVISION</u> <u>STETSON</u> LOT # 27
System Installer: Substration # Registration #
Basement with plumbing: 🗆 Garage 🗹 Number of Bedrooms <u>3</u> Type of Water Supply: 🗆 Community 🗹 Public 🗆 Well Distance from well feet
System Type: 25% Restruction System Type The G BEEnglypes 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 🗔
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
D-Box D-Box Pump Alarm H20Line PWR Line PWR Line Following are the specifications for the sewage disposal system on the above captioned property.
Type of system: Conventional Other 25% ZED 1000 gallons Pump Tank: gallons
Subsurface No. of exact length exact length width of depth of depth of depth of depth of ditches
French Drain Required: Linear feet
Authorized State Agent and Manhan Date 5-5-13-
Authorized State Agent Jones (MAnhan Date 5-5-13-