

HTE# 15-537285

Harnett County Department of Public Health

24079

PERMIT # 23602

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 845 BUFFALO LAKE RD

Name: (owner) SHOWCASE RESTORATION SUBDIVISION LAKE CRESTVIEW LOT # 7

System Installer: CALDER Registration # _____

Basement with plumbing: Garage Number of Bedrooms 4

Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: EXISTING 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.

* ALL INSTALLED LINES CONNECTED

* SYSTEM WILL SUPPORT A 4 BEDROOM HOUSE

* SEE ORIGINAL PERMITS FOR ALL SPECIFICATIONS

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 _____ Pump _____ Alarm _____ H2O Line _____ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other _____ Septic Tank: _____ gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches _____ exact length of each ditch _____ feet width of ditches _____ feet depth of ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

REHS

Date 9/16

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 16011

OPERATIONS PERMIT

03-5-6618

Name: (owner) Allan Canady Bunkles New Installation Septic Tank
Property Location: SR# 1115 Repairs Nitrification Line
Subdivision Lake Creekview Lot # 7
TAX ID# _____ Quadrant # _____
Contractor: Battens Backhoe Registration # _____

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 18.24 in.

French Drain: 200 Appx Linear feet

Date: 5.20-03

PERMIT NO. 19271

Inspected by: J. W. [Signature]
Environmental Health Specialist

