HTE# 15-5-37454

## Harnett County Department of Public Health

24025

|   |   | 24023  |
|---|---|--|
| PERMIT # <u>28657</u>   | Operation Permit  |  |
|   |   | itrification Line  Repair Expansion                |
|   | PROPERTY LOCATION: 5/14/5 Rm 3/5  | CHURCH RD  |
| Name: (owner) Confort Home INC  | SUBDIVISION Was dan 310   | LOT # 10   |
| System Installer: Russell Phillips  | Registration #  |  |
| Basement with plumbing: Garage Mumber of Bedrooms   | 3   |  |
| Type of Water Supply: ☐ Community ☑ Public ☐ Well   | Distance from well feet   |  |
| System Type: 25% RosDocton System Type  |   | 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 St.                                       | tutes, Rules for Sewage Treatment and Disposal, and all conditions of the | Improvement Permit and Construction Authorization. |
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| GRAHANSTER  |   |  |
|   |   |  |
| PERMIT CONDITIONS:  | 1041  |  |
| <ol> <li>Performance: System shall perform in accordance with Rule</li> <li>Monitoring: As required by Rule .1961.</li> </ol> | .1701.  |  |
| III. Maintenance: As required by Rule .1961. Other:   |   |  |
| Subsurface system operator required? Yes  |   |  |
| If yes, see attached sheet for additional oper-   |   |  |
| IV. Operation:  |   |  |
|   |   |  |
| V. Other:   |   |  |
| □ D-Box □ Pump  | □ Alarm □   | H20Line PWR Line                                   |
| Following are the specifications for the sewage disposal system on the  |   |  |
| Type of system:   Conventional  Other  75% 1880   | To Septic Tank: 1600  | gallons Pump Tank: gallons                         |
| AND   | gth width of  | depth of   |
| Subsurface No. of exact len  Drainage Field ditches of each of  |   | feet ditches / c inches                            |
| French Drain Required: Linear feet  |   |  |
|   | Manhan from Date  |  |
| Authorized State Agent  | MAN hary Date   | 3-8-16   |