HTE#15-5-37639RR

## Harnett County Department of Public Health

24307

PERMIT # 28769

Operation Permit

|   | New Installation Septic Tank Nitrification Line Repair PROPERTY LOCATION: WINGED FOOT De. | Expansion |
|---|---|-----------|
| 11  | PROPERTY LOCATION: WINGED FOOD De.  |           |
| Name: (owner) H+1-1 ONSITE HOMES  | SUBDIVISION HALNUT GROVE LOT #  | 4_        |
| System Installer: Onis Sizicanano   | Registration #  |           |
| Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well   | Distance from well 150 feet   |           |
| System Type:  | Distance from well 190 feet 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 \( \simeq \)   |   |           |
| If yes, see attached sheet for additional operation:  | on conditions, maintenance and reporting.   |           |
| V. Other:   |   |           |
| □ D-Box □ Pump  | □ Alarm □ H20Line □   | PWR Line  |
| Following are the specifications for the sewage disposal system on the above captioned property.  |   |           |
| Type of system: Conventional Other Puncto Subsurface No. of exact length  | 8   | gallons   |
| Drainage Field ditches of each ditch  | width of depth of depth of ditches 12-14  | inches    |
| French Drain Required: Linear feet  | rece directes leet directes   | _ inches  |
|   |   |           |
| Authorized State Agent Date 1) 14 16  |   |           |
|   |   |           |