HTE# 16.538176

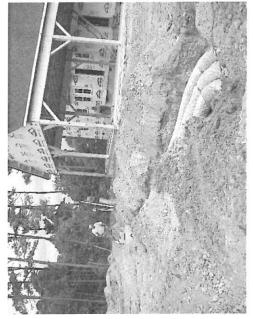
Harnett County Department of Public Health

24103

PERMIT # (20)

Operation Permit

	New Installation Septic Tank Nit	trification Line 🗆 Repair 🗆 Expansion
Name: (awner)	PROPERTY LOCATION: Lancence	
Name: (owner) STEVE) HOMAS	SUBDIVISION	LOT # <u>3</u>
System Installer: Land Stance Basement with plumbing: Garage Number of Bedroo	Registration #	
Basement with plumbing: ☐ Garage ☐ Number of Bedroo Type of Water Supply: ☐ Community ➤ Public ☐ We		
System Type:	II Distance from well feet Types V and VI Systems expire in 5 y	NO. P. C.
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to	
This system has been installed in compliance with applicable North Carolina General		,
	HOUSE DRIVE	
)	-AMOBNEE RA	
PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with Ru	e .1961.	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes		
IV. Operation:	ration conditions, maintenance and reporting.	
V. Other:		
□ D-Box □ Pump	□Alarm □	H20Line PWR Line
Following are the specifications for the sewage disposal system on the	e above captioned property.	
Type of system: Conventional Other EZE	Septic Tank: 1000	
Subsurface No. of exact le Drainage Field ditches of each	The state of the s	depth of
French Drain Required: or each	ditch <u>300</u> feet ditches <u>3</u>	_ feet ditches _\8 inches
The rect		
Authorized State Agent	REHS Date 8	3/1/16



16-5-38176







