HTE# 16-5-38382 Harnett County Department of Public Health 24175
PERMIT # 28858 Operation Permit
Name: (owner) Confort Hones Int Name: (owner) Confort Hones Int System Installer: Number of Bedrooms Basement with plumbing: Garage Mumber of Bedrooms 3 Type of Water Supply: Community Public Well Distance from well Image: System Type: Confort 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 15% Subsurface Septic Tank: 1008 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 150 feet ditches 5 feet ditches 22 inches
French Drain Required: Linear feet Authorized State Agent Jame Manham He Roms Date 7 - 7 - 16