HTE# 16-5-38	198 Harnett County Departmen	t of Public Health	2/211
PERMIT # _2889	Operation Pr	ermit	24211
	New Installation	Septic Tank Nitrification Line	☐ Repair ☐ Expansion
	PROPERTY LOCATION	Non 1441 Chalghanto S	yman RD
Name: (owner)	afect themo INC SUBDIVISION	Croslate	LOT # <u></u>
System Installer: Registration #			
Basement with plumbing: Garage V Number of Bedrooms Type of Water Supply: Community V Public Well Distance from well feet			
System Type: Page 1512 new System Type: 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.			
inis system has been installed in	Compliance with applicable North Carolina General Statutes, Kules for Sewage Treatment and D	sposal, and all conditions of the Improvement Permit and	1 Construction Authorization.
	20 75th Rd		
"+1			
9 + 125 Rep			
120 121			
anita vant			
1			
(a: 3/2)			
21 410			
1621 W			
The San Good			
30' Intan 6500			
DEDMIT COMPLETIONS	CROSS TENE		a na 😅
PERMIT CONDITIONS: I. Performance: Syst	stem shall perform in accordance with Rule .1961.		
,	required by Rule .1961.		
III. Maintenance: As	required by Rule .1961. Other:		
	osurface system operator required? Yes \square No \square		
IV. Operation:	yes, see attached sheet for additional operation conditions, maintenance and	reporting.	
V. Other:			
□ D-	-Box 🗆 Pump 🗆 Alarm	1 □ H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.			
Type of system: Conve	rentional Other 25% Resolves Comment	Septic Tank: 1000 gallons Pump	0
Subsurface No. Drainage Field ditc	ches exact length of each ditch _/oo feet	width of depth ditches feet ditche	A-14 CA 27
French Drain Required:	See Administrative Company	arches leet dittie	es ZZ inches

Authorized State Agent

Date ____