HTE# 16-5-3000

## Harnett County Department of Public Health

24284

PERMIT # 28103	Operation Permit
	New Installation Septic Tank Nitrification Line Repair Expansion
Name: (owner) Signaruse Home Bu	PROPERTY LOCATION: OLO USU2)
Name: (owner) SIGNOWURE HOME DU	WESS SUBDIVISION THOMAS MANOR LOT # 3
System Installer: OTIS STOCKLAND	Registration #
Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well	Distance from well feet
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.	
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	WIDGEON WAY
PERMIT CONDITIONS:	
1. 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	10-20
If yes, see attached sheet for additional opera	
IV. Operation:	
V. Other:	
	☐ Alarm ☐ H20Line ☐ PWR Line
Following are the specifications for the sewage disposal system on the	above captioned property.
Type of system:   Conventional Other EZ FL	Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface No. of exact leng	
Drainage Field ditches of each d	tch 90 feet ditches 5 feet ditches 20-36 inches
Authorized State Agent	1.1
Authorized State Agent	Pate 10 3/16