HTE# 16-5-39406

Harnett County Department of Public Health

24300

PERMIT # 29003

Operation Permit

	New Installation			Line 🗆 Repair 🗆	Expansion
		ATION: FAIRE			
Name: (owner) MEANER Homes			CROSSING	LOT #	27
System Installer: Oms Somular		on #			
Basement with plumbing: Garage Number of Bedroom		-0			
Type of Water Supply: Community Public Well System Type:	AV-	es V and VI Systems e	sunies in E years		
(In accordance with Table V a)	Owner must contact Hea			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.					
	135	2 mark 1 mark 11 mark			*** Norms
FAIRFIX Dave	190	EPAIR ARGA	336′		
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule	.1961.				
II. Monitoring: As required by Rule .1961.	(T. T. 2019) (control				
III. Maintenance: As required by Rule .1961. Other:	· ·		10.00		
Subsurface system operator required? Yes If yes, see attached sheet for additional oper					
IV. Operation:	ation conditions, maintenanc	e 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.		1000		-
Type of system: Conventional Other EZ From Subsurface No. of exact len		Septic Tank: width of	gallons gallons	Pump Tank: depth of	gallons
	litch 300 feet	ditches	3 feet	ditches 12	inches
French Drain Required: Linear feet					— (1000000000
Authorized State Agent	PEB	79	Date 117716	,	