HTE# 16-5-39409

Harnett County Department of Public Health

24308

PERMIT # 29004

Operation Permit

FEMILIE # 4 100 1	Operation remit		
	New Installation 🔀 Septic Tank 🗵	🕻 Nitrification Line 🗆 Repai	r 🗆 Expansion
	PROPERTY LOCATION: SOUR ME	MAH CT.	
Name: (owner) WEAVER HOMES INC.	SUBDIVISION PITTING C	2055 IN G LO	T # 17
System Installer: Onis Sizickland	Registration #		
Basement with plumbing: Garage Number of Bedrooms	4	_	
Type of Water Supply: Community Public Well	Distance from well 100 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 Sta	tutes Rules for Saware Treatment and Disposal and all conditions	of the Improvement Permit and Construction A	uthorization
PERMIT CONDITIONS:	HOUSE DO S AVANUAH CT		
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:		200	
Subsurface system operator required? Yes 🗌 N If yes, see attached sheet for additional operat			
V. Operation:	on conditions, maintenance and reporting.		
V. Other:			_
□ D-Box □ Pump	□Alarm □	H20Line □	PWR Line
following are the specifications for the sewage disposal system on the			
Type of system: Conventional Other E2FLOW	Septic Tank: 100	gallons Pump Tank:	gallons
Subsurface No. of exact lengt	h width of	denth of	
Orainage Field ditches of each dit	ch 80 feet ditches 3	feet ditches 24	inches
rench Drain Required timear leet			
		1 1	
Authorized State Agent	Date:	e 11/20/16	