HTE#16-5-40472

## Harnett County Department of Public Health

24366

PERMIT # 29/64

Operation Permit

New Installation Septic Tank Mitrification Line Rep	air 🗆 Expansion
Name: (owner) 5 MARK Properties SUBDIVISION Cofflesion Est L	ΛΤ <i>μ 2</i> Q
Name: (owner) 5 Mark Properties SUBDIVISION Coffletone Est  System Installer: Clark Adams Registration #	OT # <u>29</u>
Basement with plumbing: Garage Mumber of Bedrooms 3	
Type of Water Supply:   Community Public   Well Distance from well feet	
System Type: 25% Types V and VI Systems expire in 5 years.	
(In accordance with Table V a)  Owner must confact Health Department 6 months prior to expiration for permit renewal	al.
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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G'6'	
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23'	
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"NEC LEOD"	
PERMIT CONDITIONS:	
l. 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	<del></del>
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □	PWR Line
following are the specifications for the sewage disposal system on the above captioned property.	2
Type of system:  Conventional Other 25% Reductive Septic Tank: 4000 gallons Pump Tank:	gallons
subsurface No of exact length width of donth of	
or each area	inches
French Drain Required: Linear feet	
Authorized State Agent Janes & Manhant Date 4-27-17	
Date	