| HTE# 17-5-40786 Harnett County Department of Public Health 24589 | |
|---|---------|
| PERMIT # 27436 Operation Permit | |
| | ansion |
| New Installation & Septic Tank & Nitrification Line Repair Exp PROPERTY LOCATION: ATKINS Re | |
| Name: (owner) ROVALOAKS BLOING GOR SUBDIVISION PRICING VILLAGE LOT # 4 | 5 |
| System Installer: Garage 🖾 Number of Bedrooms Registration # | |
| 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. | |
| (in accordance with rable v a) owner must contact nearth bepartment o months pror to expiration for permit renewar. | |
| 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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| 144 | |
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| REPAIR ' | |
| A R I | |
| TREA I | |
| 205 | |
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| HOUSE ABACO CT | |
| DRIVE | |
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| 007 CT | |
| PERMIT CONDITIONS: 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: | |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | |
| V. Other: No Steppowns | |
| D-Box D-Box Pump Alarm H20Line P | WR Line |
| Following are the specifications for the sewage disposal system on the above captioned property. | |
| Type of system: Conventional Conventional Other EZTLOW Septic Tank: 1000 gallons Pump Tank: Subsurface No. of exact length width of depth of | gallons |
| Drainage Field ditches of each ditch '510 feet ditches 3 feet ditches 18-22 ind | ies |
| French Drain Required: Linear feet |] |
| Authorized State Agent Date 626/17 | |
| Authorized State Agent Date DateDateDateDateDate | |

