HTE#	17	-5-	4	1005n
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Harnett County Department of Public Health

24658

DEDMIT 4	74465

PERMIT #	Uperation Permit
	□ New Installation □ Septic Tank □ Nitrification Line □ Repair □ Expansion
	PROPERTY LOCATION: 188 Curr well Dr. (Bailey Crossicades ad . Sa 150
Name: (owner) _ Castlon Const. Co.	SUBDIVISION _ willow brook LOT # 11
System Installer: Clinton Rd. Septic	Registration #
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply: Community Public Well	Distance from well 100+ feet
System Type: 25% neduction 575. It	
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
(**************************************	orner must contact reach separation o months prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Stat	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
PERMIT CONDITIONS:	TO DO.
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: Subsurface system operator required? Yes \(\sqrt{N} \)	
If yes, see attached sheet for additional operati	
IV. Operation:	on condutions, maintenance and reporting.
V. Other:	□ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the a Type of system: Conventional Other Chambers	
Subsurface No. of exact length	
0	th 180 feet ditches 3 feet ditches 20 -> 24 inches
French Drain Required: Linear feet	
Authorized State Agent	1245 Date 08/03/2017