HTE#17-5-41694

Harnett County Department of Public Health

24895

PERMIT # 39670

Operation Permit

| | New Installation Septic Tank Mitrification Line | ☐ Repair ☐ Expansion |
|---|--|-----------------------------|
| Names (aures) | PROPERTY LOCATION: COATENIES 1 | |
| warne: (owner) SAVI ROBINSO | V Homes SUBDIVISION GATENEST | LOT # 46 |
| System Installer: EDDE CARN Basement with plumbing: Garage Number | | |
| Basement with plumbing: Garage Number Type of Water Supply: Community Public | of Bedrooms | |
| System Type: | ☐ Well Distance from well feet 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 per | mit renewal |
| This system has been installed in compliance with applicable North Car | olina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and | |
| | The second of the server of th | Construction Authorization. |
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| 33 | De Repaire | |
| | RUGAR | |
| PERMIT CONDITIONS: | | |
| Performance: System shall perform in accordance Monitoring: As required by Rule .1961. | with Kule .1961. | |
| III. Maintenance: As required by Rule .1961. Other: | | |
| Subsurface system operator require | d? Yes □ No 🗷 | |
| If yes, see attached sheet for addit IV. Operation: | ional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| □ D-Box □ | Pump □Alarm □ H20Line □ | PWR Line |
| Following are the specifications for the sewage disposal syst | tem on the above captioned property. | T WK LINE |
| Type of system: Conventional Other Yun | DE TO CHAMBER (ANCOS) Septic Tank: 1000 gallons Pump Ta | ank: 1000 gallons |
| Subsurface No. of Drainage Field ditches | exact length width of depth of | |
| Drainage Field ditches Linear f | of each ditch 220 feet ditches 3 feet ditches | 18-24 inches |
| | | |
| Authorized State Agent | e4115 Date 1/23/18 | |
| | Date 1100 110 | |