HTE#17-5-42399 Harnett	ounty Department of Public Health 24900
PERMIT # 29729	Operation Permit
	New Installation X Septic Tank X Nitrification Line Repair Expansion
Name: (owner) NEAVED HOMES IN	SUBDIVISION PITTORN CROSSING LOT # 19
System Installer: OTILS STOUCKLAND	Registration #
Basement with plumbing:	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.	
This system has been installed in compliance with applicable North Carolina General	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Ru	.1961.
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes \Box	
IV. Operation:	ation conditions, maintenance and reporting.
V. Other:	
□ D-Box □ Pum	□ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: □ Conventional 図 Other <u>Eこデレッッ</u> gallons gallons Pump Tank: gallons	
Subsurface No. of exact le	gth width of depth of
Drainage Field ditches of each French Drain Required: Linear feet	litch 240 feet ditches 3 feet ditches 18-30 inches
Authorized State Acat	REHS Date 1/24/18
Authorized State Agent	REHS Date 1/24 18