HTE# 17-5-42924

Authorized State Agent

Harnett County Department of Public Health

25007

PERMIT # 29867 Operation Permit New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: 278 Laterate 22. (Sa 1443) Name: (owner) Combistand Hones Inc. SUBDIVISION ______ LOT # 3 System Installer: Ted Brown ___ Registration # _____ Basement with plumbing: Garage Number of Bedrooms Distance from well _____ feet Type of Water Supply:

Community System Type: 25% reduction 5.5. Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) 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. PORLY 0/0 PERMIT CONDITIONS: System shall perform in accordance with Rule . 1961. Performance: 1. II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \square No \square If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: □ ______ Pump □ ______ Alarm □ _____ H20Line □ **PWR Line** D-Box Following are the specifications for the sewage disposal system on the above captioned property. Other 04 Chamba Septic Tank: _____ gallons Pump Tank: _____ gallons Type of system:

Conventional depth of width of exact length Subsurface No. of ditches of each ditch Drainage Field ditches French Drain Required: Linear feet

17-5-43934

378 Labayette 728. (1443)

8/02/11/2018













