

HTE# 18-5-43276A

Harnett County Department of Public Health

25945

PERMIT # NA

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 15 Southern Pl. (Clark Rd. 521230)

Name: (owner) Linceo Coston Bldg SUBDIVISION Curtin Plantation LOT # 40

System Installer: Elvio Faircloth Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

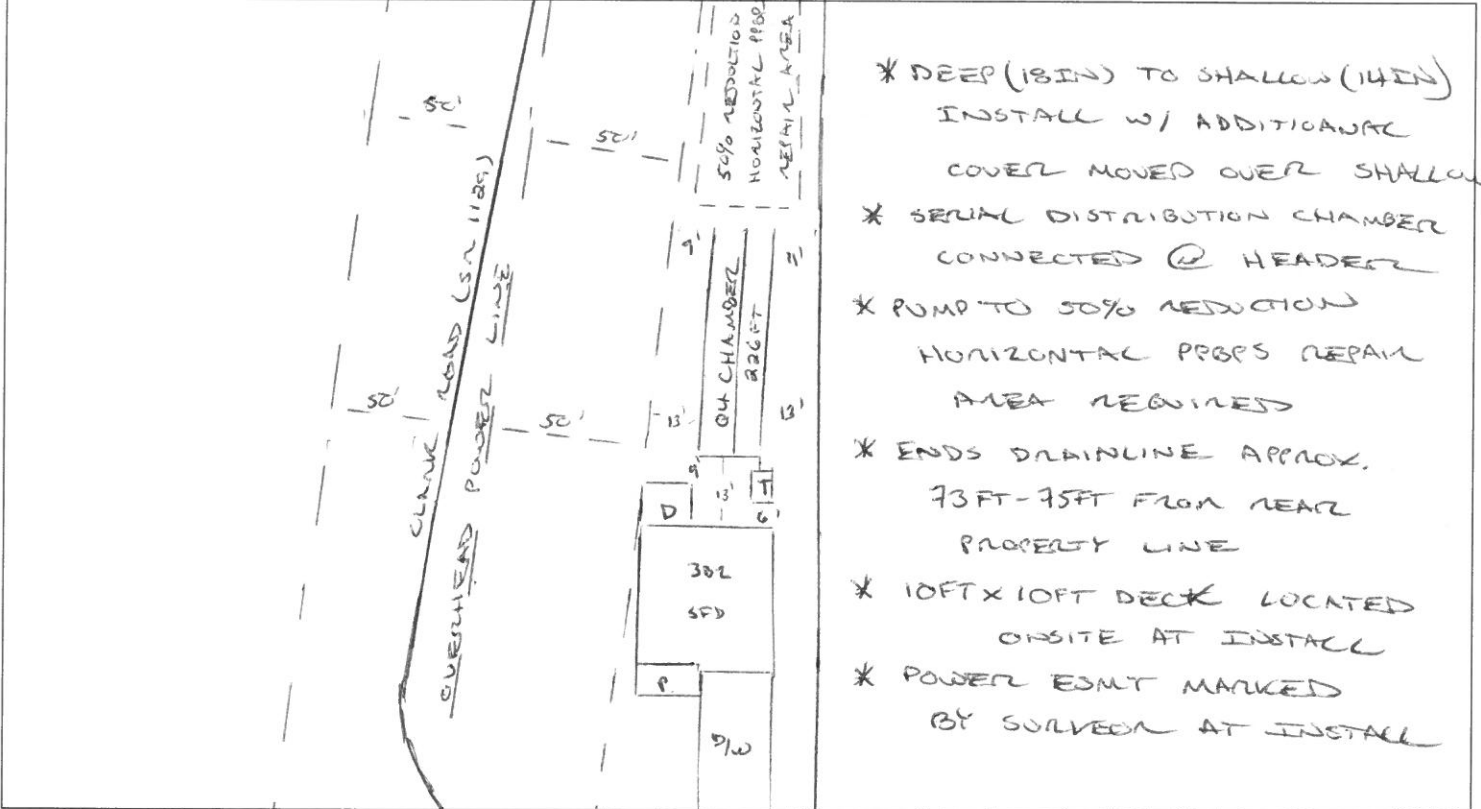
Type of Water Supply: Community Public Well Distance from well NA feet

System Type: 25% Reduction System IIIg 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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



- * DEEP (18IN) TO SHALLOW (14IN) INSTALL W/ ADDITIONAL COVER MOVED OVER SHALLOW
- * SERIAL DISTRIBUTION CHAMBER CONNECTED @ HEADER
- * PUMP TO 50% REDUCTION HORIZONTAL PROPS REPAIR AREA REQUIRED
- * ENDS DRAINLINE APPROX. 73 FT - 75 FT FROM NEAR PROPERTY LINE
- * 10 FT X 10 FT DECK LOCATED ONSITE AT INSTALL
- * POWER EXMT MARKED BY SURVEOR AT INSTALL

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: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other Q4 Chamber IIIg Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 226 feet ditches 3 feet ditches 18-214 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 01/10/2020