HTE# EH1968-0008

Harnett County Department of Public Health

25479

PERMIT # NA

Operation Permit

🖂 New Installation 😾 Septic Tank 🖂 Nitrification Line 📈 Repair 🗆 Expan	nsion
PROPERTY LOCATION: 224 Wade Stephenson nd. (Sr. 1407)	
Name: (owner)	_
System Installer: Circle Environmental Registration #	A
Basement with plumbing: Garage Number of Bedrooms 3	1
Type of Water Supply: Community Public Well Distance from well A feet	1
System Type: 25% reduction 5. The 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 Calphia General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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PERMIT CONDITIONS:	\pm
1. Performance: System shall perform in accordance with Rule . 1961. WNO TE STEPHENSOND RE (SR 4407)	
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 □ H20Line □ PW	R Line
Following are the specifications for the sewage disposal system on the above captioned property.	•
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Subsurface No. of exact length width of depth of	110113
Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches 18-24 inches	
French Drain Required: Linear feet	
Authorized State Agent Date 09/18/2019	