HTE# EH2005-0020

Harnett County Department of Public Health

No. 26269

PERMIT # NA

Operation Permit

		New Installation 🔀 Septic Tank	🗷 Nitrification Line 🗷 Repair 🗆	Expansion
Names (assumes) at A		PROPERTY LOCATION: 181 A	EVELS 76150 (51.1427	
Name: (owner)	LEANET GARNER	SUBDIVISION	LOT # .	
System Installer:	SCOUL ESCAVATING	Registration #		
	Garage 🗷 Number of Bedrooms community 🗷 Public 🗆 Well Dis			
System Type: 2372	radic Well DIS	tance from well feet	Avaire in 5 years	
(In accordance with Table V a	i) Ow	ner must contact Health Department 6 mor	oths prior to expiration for permit renewal.	
This system has been installed in con			A littons of the Improvement Permit and Construction Authorizati	
,		Ross	nayers of the improvement remit and construction Authorizati	ion.
		1//		
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PERMIT CONDITIONS:		ARRA		
	shall perform in accordance with Rule .196L. uired by Rule .1961.		+	
- , .	uired by Rule .1961. Other:			
	ace system operator required? Yes \(\square\) No \(\square\)			
If yes,	see attached sheet for additional operation co	nditions, maintenance and reporting.		
IV. Operation:				
V. Other:				
□ D-B	Box 🗆 Pump 🗆	Alarm 🗆	H20Line □	PWR Line
	for the sewage disposal system on the above		IIZVLIIIG 🗀	I WAY TILLS
Type of system: Convention	onal & Other EZ FLOS		gallons Pump Tank: 1000	gallons
Subsurface No. of	exact length	width of	denth of	
Drainage Field ditches		60 feet ditches	3 feet ditches 26	inches
French Drain Required:	Linear feet			
Aushanian J Cont. A	1 della della	Melle AL	realized	
Authorized State Agent_	William Lange	11/1/19	Date 68/03/2020	