HTE# EH2006-0624

## Harnett County Department of Public Health Operation Permit

PERMIT #	<u>Uperation Permit</u>	
	☐ New Installation 🖾 Septic Tank ☐ Nitrification Line 🗷 Repair ☐	Expansion
	PROPERTY LOCATION: 523 LADLE CHURCH AS LOCALITY	
Nama: (owner) S	LICE COLLUSS CIRCUIVISION INT #	
Name. (owner)	SUBDIVISION LOT # Registration #	
System Installer:	Registration #	
Basement with plumbin	ng:  Garage  Number of Bedrooms  3	
Type of Water Supply:	□ Community  Public □ Well Distance from well feet	
	Types V and VI Systems expire in 5 years.	
(In accordance with Ta	ble V a)  Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installe	ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorizati	on.
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	PAWLS CHURCH TO	
	10264	
	150	
	D (SN 1415)	
	10 12112	
	SFO CM	Zb.
	CONT X TANK + D-BOX	
	RELACEMENT ONLY	
	AND OPERFUES ONSITE	
	MIT THE FOLDES, CAUSTED	
	0-0-11' AND OMNELLED OWSITE	
	18'	
	<b>≯</b>	
		7
		-
PERMIT CONDITIONS:		
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring:	As required by Rule .1961.	
III. Maintenance:	As respired 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:		
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V. Other:		
	D-Box 🗆 Pump 🗆 Alarm 🗆 H20Line 🗆	PWR Line
		I WK LINE
0	ifications for the sewage disposal system on the above captioned property.	
Type of system: 🗷	Conventional Other Septic Tank: gallons Pump Tank:	gallons
Subsurface	No. of exact length width of depth of	
Drainage Field	ditches Ext of each ditch Ext feet ditches Ext feet ditches	inches
French Drain Required:	Linear feet	
Authorized State As	pent Date 07 01 2020	
Authorized State Ag	Date Date	