HTE# EH2008-0004

Harnett County Department of Public Health

No. 26561

PERMIT # _____

Operation Permit

	□ New Installation ★ Septic Tank □ Nitrification	
	PROPERTY LOCATION: 9134 CHIZISTIAN	LIGHT 14 (214/2)
Name: (owner)		
System Installer: ADCOCK ESCALATING		
Basement with plumbing: Garage Number of Bedrooms		
Type of Water Supply: Community Public Well		
System Type: ExiSTING CONV. GANGE		
(In accordance with Table V a) where must contact Health Department 6 months prior to expiration for permit renewal.		
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.		
gant 3		
	1	
		NELLE VEST
		SPUT
	* ENT	TANK PUNCED
	c.c.	6 HIED & BACKETUER
	· ·	CASITE
Peal		
	8106	25
3/17	800	
4		
H 15 Sheet	3.29	
3	/ / \	5=>
	5FD / / /	4- 7
	063	9100
-		
	/ / / / /	7.
	/ / / \	=
	/ /	The same of the sa
PERMIT CONDITIONS:	57-14	
PERMIT CONDITIONS: L. Performance: System shall perform in accordance with Rule.	1961. AN (50 1412)	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes 🗆 N	0 🗆	
If yes, see attached sheet for additional operation	on conditions, maintenance and reporting.	
IV. Operation:		
и А		
V. Other:		
□ D-Box □ Pump	□ Alarm □ H20Lir	ne 🗆 PWR Line
Following are the specifications for the sewage disposal system on the		0. mag 999000 0000000
Type of system: Conventional Other		s Pump Tank: gallons
Subsurface No of a eyact length		depth of
	ch EXT feet ditches EXT feet	ditches inches
French Drain Required: Linear feet		
Authorized State Agent	Date 08	131/2020
nationized state ngent	Date Date	-110000