## Harnett County Department of Public Health

No. 26332

PERMIT # NA

Operation Permit

PERMIT #	Operation remit
	New Installation 🗷 Septic Tank 🖳 Nitrification Line 🗆 Repair 🗆 Expansion
	PROPERTY LOCATION: 1415 LAFAYETTE ND. (SN 443)
Name (summer)	
	SUBDIVISIONLOT #
System Installer: A+N ENTERPRISE	Registration #
Basement with plumbing:  Garage Number of Bedrooms	HOOGPD MAX
Type of Water Supply:   Community Public Well	Distance from wellA feet
System Type: 25% REDUCTION STS. T	
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
An accompany man accompany	and the second s
This system has been installed in compliance with applicable North Carolina General S	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
, , , , , , , , , , , , , , , , , , , ,	
* NO NOT DRIVE/ PARK ON *	R
SEPTIC ANEX	ALACA TOTAL AND CONTRACTOR OF THE PARTY OF T
	* MCNI TOURISM BAND ONLY - NOT SIZED FOR
* ABUSED TO PROTECT SEPTICE	restarket Not FOOD PRODUCTION SITE
ANEA FROM TRAFFICAND X	AGRICULTUM BAND W/ SINGLE EXTERIOR BATHROOM SIZED
101 =-	FOIL STACES WALLES
AGICULTURAL FIELD USAGE	FOR 250 610 MAX MID SIX (6) EMPLOYERS MAX @ 25695
	PEN ENCLOYER = 40010
Pour	TD
* SUPPLY	LINE MORE
	LINE NOUTED WIDER EXT WATER UNE WI 1850 SEPTEMENTON M
	25% 1200000
	THE MELAN ANEL
10	SO, MI, SOME WIEW
Ex	
	94 CHARSER
40 ACR1 -TO	200(3)
36	- ALLA TU
1	0 70'
PARKING	ANZA
1	3
LA	FAFETTE MOND (SN 1443)
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule	2.1961. INSTALL: 03/08/2021
II. Monitoring: As required by Rule .1961.	1-8/2021
III. Maintenance: As required by Rule .1961. Other:	PUND + ALARM: 03/12/2021
Subsurface system operator required? Yes	No 🗆
If yes, see attached sheet for additional oper	
IV. Operation:	
V. Other:	
JAM SUMMONDON	
□ D-Box □ Pum	p 🗆 Alarm 🗆 H20Line 🗖 PWR Line
Following are the specifications for the sewage disposal system on th	e above captioned property
Type of system:   Conventional Other 64 C	
Subsurface No. of exact len	, , , , , , , , , , , , , , , , , , , ,
	ditch \_\colon feet ditches \_\cup \_ feet ditches \_\frac{18}{8} inches
French Drain Required: Linear feet	
	1 min
Authorized State Agent	Date 03/12/2021