HTE# 16-5-37676

Harnett County Department of Public Health

24295

PERMIT # 28643

Operation Permit

PERMIT # 300-17	Operation remit
	New Installation Septic Tank Nitrification Line Repair Expansion
	PROPERTY LOCATION: Spenc FLONGES
Name: (owner) Cumscreens Homes IN	
System Installer: TED BROWN	Registration #
Basement with plumbing: Garage Number of Bedroom:	
Type of Water Supply: Community Public Well	
System Type:	Owner must contact Health Department 6 months prior to expiration for permit renewal.
(iii accordance with Table V a)	owner must contact nearth bepartment o months prior to expiration for permit renewal.
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.	
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	SPRING FLOWERS DR
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule	.1961.
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes \Box	
If yes, see attached sheet for additional opera-	ition conditions, maintenance and reporting.
IV. Operation:	
V. Other:	
3. 11	
□ D-Box □ Pump	□Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the	
Type of system: Conventional Other CHANSE	
Subsurface No. of exact length	yth width of depth of
	itch 150 feet ditches 3 feet ditches 24 inches
French Drain Required: Linest feet	
that Ill	
Authorized State Agent	REHS Date 10 24/16