Harnett County Department of Public Health

PERMIT # <u>EH2406-0</u> 018	Operation Permit
	□ New Installation ☑ Septic Tank □ Nitrification Line ☑ Repair □ Expansion
-	PROPERTY LOCATION: SA 1412 Chaistin L= 24 20
Name: (owner) KAVISKLAN Nest UC	SUBDIVISIONLOT #
System Installer: CANON LYNN	
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply: Community Public Well System Type: Replace Task	Distance from well feet Types V and VI Systems expire in 5 years.
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
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1.1	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS:	
 I. Performance: System shall perform in accordance with Rule II. Monitoring: As required by Rule .1961. 	.1961.
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes 🗆	
If yes, see attached sheet for additional opera IV. Operation:	tion conditions, maintenance and reporting.
iv. Operation.	
V. Other:	
□ D-Box □ Pump	□Alarm □H20Line □PWR Line
Following are the specifications for the sewage disposal system on the	
Type of system: Conventional Other Subsurface No. of exact leng	8
Subsurface No. of exact leng Drainage Field ditches of each di	
French Drain Required: Linear feet	indies indies
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Authorized State Agent proces (MA	Date 7-17-24