HTE# 07-5-18563R

Harnett County Department of Public Health 20072

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PERMIT # 24558	Operation Permit	
	New Installation Septic Tank Repair Nitrification PROPERTY LOCATION: Mc Joff ic Rd.	1 Line 🗆 Expansion
	PROPERTY LOCATION: MCDFFie RJ.	<u>'</u>
Name: (owner) Labyn Castellanos Alva	srado SUBDIVISION Hive	_LOT # <u>30</u>
System Installer: Hart Grading	Registration #	
Basement with plumbing: Garage Number of Bedrooms		
Type of Water Supply: Community Public Well System Type: Well	Distance from well feet	
(In accordance with Table V a)	Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit re	enewal.
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This system has been installed in compliance with applicable North Carolina General St	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Constru L	uction Authorization.
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	Repair 120'	
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PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with RuleII. Monitoring: As required by Rule .1961.	.1961.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes	No 🗆	
If yes, see attached sheet for additional opera	ition conditions, maintenance and reporting.	
IV. Operation:		
Y. Other:		
Following are the specifications for the sawage disposal system on the	ahove cantioned property	
Following are the specifications for the sewage disposal system on the Type of system: Conventional Other	4 Interview Gentle Tank: 100 gallons Pump Tank:	gallons
Subsurface No. of exact leng	th width of depth of	•
Drainage Field ditches 4 of each d	itch 30 feet ditches 3 feet ditches	/8 inches
French Drain Required: Linear feet		
Authorized State Agents	Date 4/16/0008	