HTE# 14-5-34249	Harnett County Department of Public Health
PERMIT # <u>28014</u>	Operation Permit
1 LNIII π	New Installation Septic Tank Nitrification Line Repair Expansion
	PROPERTY LOCATION: Stownson Ro
Name: (owner)	SILCHRIST SUBDIVISION STOCKYARD RD EST LOT # 42
System Installer: 3017 N	
	ige Number of Bedrooms 3
Type of Water Supply: Community	
System Type:	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.
This system has been installed in compliance wit	h 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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PERMIT CONDITIONS:	
	form in accordance with Rule .1961.
II. Monitoring: As required by III. Maintenance: As required by	
	Rule .1961. Other:
	hed sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	1
V. Other: System	INSTALLED UNDER HET SOIL CONDITIONS. EXTRA COVER ADOED DUE TO
	Pump Alarm H20Line PWR Line
	sewage disposal system on the above captioned property.
	M Other <u>E Z FLow</u> Septic Tank: <u>1000</u> gallons Pump Tank: gallons
Subsurface No. of	exact length width of doubt of
Drainage Field ditches	of each ditch 15 feet ditches 3 feet ditches 12–18 inches
French Drain Required:	Linear feet
	al. I.
Authorized State Agent	Date 7 16 12