HTE# 19-543763

Harnett County Department of Public Health

No. 26029

PERMIT # 29-639

Operation Permit

| | New Installation Reptic Tank Nitrification Line | ☐ Repair ☐ Expansion |
|--|--|-----------------------------|
| | PROPERTY LOCATION: Con Security | |
| Name: (owner) _ | CLYDE STANLEY FRIRCECTY SUBDIVISION | LOT # |
| System Installer: | ELVIS PARCLOTY Registration # | |
| Basement with pluml | ° | |
| System Type: | y: Community Public Well Distance from well | |
| (In accordance with | Types that the systems expire in a feats. | |
| (================================== | Table V a) Owner must contact Health Department 6 months prior to expiration for per | mit renewal. |
| This system has been insta | alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and | Construction Authorization. |
| | COOL SPRINGS RP | |
| | REPAIR I | |
| PERMIT CONDITIONS: | | |
| | System shall perform in accordance with Rule .1961. | |
| II. Monitoring: | As required by Rule .1961. | |
| III. Maintenance: | As required by Rule .1961. Other: | |
| | If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| <u> </u> | D-Box | PWR Line |
| Following are the speci | ifications for the sewage disposal system on the above captioned property. | TWEIN |
| Type of system: | Conventional Other C1-3AMBG2 (OH*) Septic Tank: 1000 gallons Pump Ta | ank: gallons |
| Subsurface | No. of exact length width of doubt | of |
| Drainage Field French Drain Required: | ditches of each ditch 450 feet ditches 3 feet ditches | inches |
| Nogan eu | The state of the s | |
| Authorized State Ag | rent Date 2819 | |
| The state Mg | Date 2011 | |
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