HTE# 12-5-43720 Harnett County Department of Public Health

24972

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|---|--|--|---------|
| PERMIT # 29942 | Operation Permit | | |
| | New Installation Septic Tank | Nitrification Line Repair Exp | pansion |
| Jonathan Weaver | PROPERTY LOCATION: 3020 CILC | Stenge Rd. W. (Sal | occ) |
| Name: (owner) Mark Crast | SUBDIVISION | LOT # | |
| System Installer: Harold Stoickford | Registration # | | |
| Basement with plumbing: Garage Number of Bedrooms | 1970 | | |
| Type of Water Supply: Community Public Well System Type: 25% New York System Type: | Distance from well feet | F | |
| (In accordance with Table V a) | Owner must contact Health Department 6 months price | | |
| | | CO COMP THOSE POSITION SERVICES OF THE CONSISTENCY SERVICES SOCIEDADE SERVICES | |
| 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 Construction Authorization. | |
| Ť | FUTURE | | |
| | STORAGE | | |
| 7-9 | BLD | | |
| No. | 1 | | |
| | PANKING PAD | | |
| | 25% REDULTION | | |
| | REPAIR | | |
| | A . . | | |
| d ¹ | (8) | | |
| | 2 | | |
| • | (3/6) | | |
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| | 6 | | |
| | 362 MAIS FUTURE | | |
| | 1000 | | |
| } | HOME GARAGE | | |
| | PORCH | ė. | |
| | 25 | | |
| | 250 | TO OLD STAKE RED I | N. |
| PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule | 1941 | (sa 1006) | |
| II. Monitoring: As required by Rule .1961. | 1701. | | |
| 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 \square P | WR Line |
| Following are the specifications for the sewage disposal system on the | W 10 10 10 10 10 10 10 10 10 10 10 10 10 | | |
| Type of system: Conventional Other | | | gallons |
| Subsurface No. of exact leng | th width of | depth of | |
| Drainage Field ditches of each di French Drain Required: Linear feet | tch feet ditches 3 | feet ditches inch | nes |
| Trends Frain Required. | | | |
| Authorized State Agent | Date No. 115 Date | 05/18/2018 | |

