HTE# 5FD1808-0014

## Harnett County Department of Public Health

25328

PERMIT # 30167

**Operation Permit** 

FERMIT #	Operation Termit
	New Installation Septic Tank Nitrification Line Repair Expansion
	PROPERTY LOCATION: 21 Sweet Home Ct. (US 401 P.)
Name: (owner) Stephenson Blds Inc.	0
System Installer: Adoor Escavolars	Registration #
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply:  Community Public Well	Distance from well feet
System Type: 25% reduction 5/5.  (In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
(iii accordance with Table Y a)	owner must contact nearth bepartment o months prior to expiration for period renewal.
This system has been installed in compliance with applicable North Carolina General Sta	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
PERMIT CONDITIONS:  I. Performance: System shall perform in accordance with Rule  II. Monitoring: As required by Rule .1961.  III. Maintenance: As required by Rule .1961. Other:  Subsurface system operator required? Yes If yes, see attached sheet for additional opera  IV. Operation:  V. Other:	NO P
	□Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the	above captioned property.
Type of system:  Conventional  Other  E  F  Conventional	
Subsurface No. of exact leng Drainage Field ditches 3 of each di	3
Drainage Field ditches of each di French Drain Required: Linear feet	tch feet ditches feet ditches inches
Eliter Fran required.	
Authorized State Agent Call Note Date 02/07/2019	



Mayor Ferms Lot 14







