## HTE# 5 FD 1810-0059 Harnett County Department of Public Health

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PERMIT # 30297 Operation Permit 30144	
New Installation Septic Tank Mitrification Line Repair Exp	nansion
PROPERTY LOCATION: 43 Cross Link Dr. (Challebreat Spring	5 (24)
Name: (owner) True Homes, LL SUBDIVISION Cross Link Place LOT # 7	LI
System Installer: Brantle, + Sons Registration #	-
Basement with plumbing: Garage Wumber of Bedrooms	
Type of Water Supply: Community Public Well Distance from well 4 feet	
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 parmit repeated.	
(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 with 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: Cross LINK DA.	
l. Performance: System shall perform in accordance with Rule .1961.	
ll. Monitoring: As required by Rule .1961.	
II. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes No 🗔	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.  V. Operation:	
т. Орегации.	
. Other:	
	/R Line
ollowing are the specifications for the sewage disposal system on the above captioned property.	
ype of system:  Conventional  Other  E  E  Septic Tank:  Oce gallons Pump Tank:  graph of  width of  width of  gallons Pump Tank:  graph of  graph	allons
depth of	
rrainage Field ditches of each ditch <u>(33</u> feet ditches <u>3</u> feet ditches <u>24</u> inches	š
uthorized State Agent Date 62 06 2018	
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