HTE#_5501810-0063

Harnett County Department of Public Health

25382

| HTE# 31-1010-C | marilett county beparament of the |
|--|--|
| PERMIT # _ 30274 | Operation Permit Now Installation Septic Tank Nitrification Line Repair Expansion |
| | PROPERTY LOCATION: 43 Hopeland Dr. (Das Rd. SRIKS) |
| Name: (owner) Mr 1 | GOO HOLLOS, ILC SUBDIVISION COKMONE STIS LUI # 177 |
| Name: (Owner) | |
| System installer: | The state of the s |
| Basement with plumbing: [Type of Water Supply: [| Compusity Well Distance from well feet |
| System Type: 25 | Types V and VI Systems expire in 5 years. |
| (In accordance with Table) | 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. |
| | 13' XINSTALL: 04/10/2019 |
| | 25% NEOVEROP 1 25% NEOVEROP 1 NEPAIR ANEA |
| | |
| | 402 |
| | PORCH |
| | |
| | DIW |
| | |
| | Hopeones On. |
| PERMIT CONDITIONS: | • |
| I. Performance: | System shall perform in accordance with Rule .1961. |
| • | As required by Rule .1961. Other: |
| III. Maintenance: | As required by Rule .1961. Other: |
| 5 | If yes, see attached sheet for additional operation conditions, maintenance and reporting. |
| Control of the Contro | If yes, see attached sheet for additional operation to the sheet for a |
| IV. Operation: | |
| V. Other: | DWD Live |
| | D-Box |
| Following are the specif Type of system: Subsurface | ications for the sewage disposal system on the above captioned property. Conventional Other Oth |
| Drainage Field | No. of exact rength 202 feet ditches 3 feet ditches will feet ditches and feet ditches will feet ditches with feet ditches will feet ditches will feet ditches with feet ditches will feet ditch |
| French Drain Required: | |
| | |
| Authorized State Ag | rent Date 7 9 19 |