SED1912-0010

Authorized State Agent_s

Harnett County Department of Public Health

25327

HIE#_		-31012-CO10
DEBMIT	ш	2-278

Operation Permit 521441 New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 63 Paige Stone Way (Chulyheate springs a) Name: (owner) _ True Homes, LLC SUBDIVISION Cross Link Place LOT # 69 System Installer: David Bruntles + 5005 Registration # Garage Number of Bedrooms Basement with plumbing: Distance from well _ ~~ Type of Water Supply:
Community Deblic ☐ Well 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 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. BUFFER *LINE 1 BOFT W/ STEPDOUN TO 45 FT 300 SFO 241 PAIGE PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. 4 1. Performance: II. Monitoring: As required by Rule .1961. III. 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. IV. Operation: ٧. Other: D-Box Pump Alarm **PWR Line** H20Line □ Following are the specifications for the sewage disposal system on the above captioned property. Septic Tank: 1000 gallons Pump Tank: 1000 Type of system:

Conventional Other EX Flow TILLS Subsurface No. of exact length width of Drainage Field ditches 75 of each ditch ditches inches French Drain Required:

Date