HTE# 5FD1901-6011

## Harnett County Department of Public Health

25625

PERMIT # 30346

Authorized State Agent\_

Operation Permit

New Installation 
Septic Tank 
Nitrification Line 
Repair 
Expansion

PROPERTY LOCATION: 
SO Crownview Ln. (Hodges Chgo! RL)

Inc. SUBDIVISION 
Crownview Meadows 
LOT # 5

Name: (owner) Well Built Const. Co. Inc. SUBDIVISION Crown was Un. (Hodges Chapel 162)

System Installer: Thortons Planbing Registration # Registration # Figure of Water Supply: Community Public Well Distance from well Mark System Type: 25% Medical 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 permit renewal.

PERMI	T CONDITIONS:									
l.	Performance: System shall perform in accordance with Rule .1961.									
II.	Monitoring:	As required by Rule .1961.								
III.	III. Maintenance: As required by Rule .1961. Other:									
Subsurface system operator required? Yes \( \square\) No \( \square\)										
If yes, see attached sheet for additional operation conditions, maintenance and reporting.										
IV. Operation:										
٧.	Other:									
		D-Box		Pump 🗆	AI	orm 🗆	1	H20Line		PWR Line
Follow	ing are the spec	fications for th	ne sewage disposa	I system on the above o	aptioned property.					
	of system: $\square$		Other _	EZ FIOW	TILLS	Septic Tank:\	500	gallons	Pump Tank:	gallons
Subsur	face	No. of	<i>(</i> 7	exact length		width of		J	depth of	
Draina	ge Field	ditches	3	of each ditch	10 feet	ditches	3	feet	ditches 26 -> 20	inches
French Drain Required: Linear feet								<del>-</del> 24		