HTE# 5FD1903-0057

Harnett County Department of Public Health

25654

PERMIT # _____

Operation Permit

	New Installation Septic Tank Nitrification Line Repair Expansion
	PROPERTY LOCATION: 185 SOUTHERN PI (CLOUPER SILVE)
Name: (owner) Lornco Costorn Blds	SUBDIVISION Comin Prontation LOT # 31
System Installer: ENis Faircloth	Registration #
Basement with plumbing: Garage Number of Bedroom. Type of Water Supply: Community Public Well	Nictorics from well
System Type: 25% reaction 3	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 S	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	1
	Nr
	* SERIAL DISTRIBUTION
	CHAMBIEL
	*NO DECK PRESENT AT INSTALL
	TOO DECK PRESENT
2	EPAIN ALEA
12	PAIN ALEA !
1	
lal C	DY CHANGER
	226=-
3	20'
91	
	382 550
	<u> </u>
	D.
PERMIT CONDITIONS:	1/10
I. Performance: System shall perform in accordance with Rule	1961
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	THERN PL.
Subsurface system operator required? Yes	
If yes, see attached sheet for additional opera IV. Operation:	tion conditions, maintenance and reporting.
Tr. Operation.	
V. Other:	
□ D-Box □ Pump	□Alarm □H20Line □PWR Line
Following are the specifications for the sewage disposal system on the	
Type of system: Conventional Other O+ Chr	, , , , , , , , , , , , , , , , , , , ,
Subsurface No. of exact leng Drainage Field ditches \ \ \ of each di	
French Drain Required: Linear feet	itch <u>226</u> feet ditches <u>3</u> feet ditches <u>2C</u> inches
Lineariect	
Authorized State Agent	Date 07/12/2019
The state received the state of	Date Of Mach