HTE# SFD 1904-0049

Harnett County Department of Public Health

25668

| PFRMIT # | NA |
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| PERMIT # | MA |

| PERMIT # NA | Operation Permit | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 00 | 🛚 New Installation 🗆 Septic Tank 🗀 Nitrification Line 🖳 Repair 🗀 Expansi | on |
| | PROPERTY LOCATION: 109 Cross in CDr (SR 1441) | _ |
| Name: (owner) | ne Homes (CC SUBDIVISION CROSS Mc LOT # 59 | _ |
| System Installer: | avid Brantley and Sons Registration # | 9 |
| Basement with plumbing | Garage Number of Bedrooms 34 | |
| Type of Water Supply: | Garage A Number of Bedrooms 34 A SFD BUILT AS 3-BEDROOM Community A Public Well Distance from well feet SEPTIC SIZED ASSID INSTACT Types V and VI Systems expire in 5 years. AS 4-BEDROOM | 50 |
| (In accordance with Tab | | |
| VIDAGES 25 NO SE F-8800 | | |
| 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. | |
| | 25' - 1 Drawing NTS | |
| | | |
| | Padio to supply | |
| | Ine = 8' | |
| | House to sumly | |
| | House to supply Ine = 13' | |
| | 7 7 7 . 8 | |
| | 1 | |
| | | |
| | 1 21 110 21 | |
| | 13/ Pat | |
| | 13' | |
| | 3 BR | |
| | SFD / | |
| | | |
| | 40.1 | |
| | 36 / 2 | |
| | G G | |
| | Cross link Dr. | |
| PERMIT CONDITIONS: | | |
| I. Performance: | System shall perform in accordance with Rule .1961. | |
| II. Monitoring: III. Maintenance: | As required by Rule .1961. As required by Rule .1961. Other: | |
| m. namenance. | Subsurface system operator required? Yes \(\square\) No \(\square\) | |
| | If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| | D-Box | Line |
| | cations for the sewage disposal system on the above captioned property. | |
| Type of system: | | ons |
| Subsurface Drainage Field | No. of exact length width of depth of ditches 3 feet ditches 24 inches | |
| French Drain Required: | Linear feet Linear | |
| | | |
| Authorized State Ag | ent 7-23-19 Date 7-23-19 | |