HTE# SFD 1905-0013

Harnett County Department of Public Health

PERMIT # __305//_

Operation Permit

	Mew Installation Septic Tank Nitrification Line Rep.	air 🗌 Expansion
	PROPERTY LOCATION: 5R1006 013 37462 1215	
Name: (owner) Homes By Michael Ford UC	SUBDIVISION WyNNIEGE	OT # <u>21</u>
System Installer: <u>Gene's Balkya</u>	Registration # '	
Basement with plumbing: Garage Mumber of Bedrooms		
Type of Water Supply: Community Public Well		
System Type: 25% 1200000 Type 413 (In accordance with Table V a)	Types V and VI Systems expire in 5 years.	J
(iii accordance iiiiii (abic) a)	Owner must contact Health Department 6 months prior to expiration for permit renewal	II.
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.		
PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with Rule		
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes I	No 🗆	
If yes, see attached sheet for additional opera		
IV. Operation:		·
V. Other:		
□ D-Box □ Pump	☐ Alarm ☐ H20Line ☐	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.		
Type of system: Conventional Other 2590 Recolu	septic Tank: 1000 gallons Pump Tank: 10	gallons
Subsurface No. of 2 exact leng	th width of depth of	
Drainage Field ditches of each di French Drain Required: Linear feet	itch 160 feet ditches 3 feet ditches 20	≥/ ≥ inches
À 1	who f DT 79+5 Date 9-19-19	