HTE# 50001910-0002

## Harnett County Department of Public Health

No. 26760

PERMIT # \_\_\_\_

Operation Permit

	🖾 New Installation 🗷 Septic Tank 🔯 Nitrification Line 🗆 Repair 🗆 Expansion
	PROPERTY LOCATION: 511 TIPPET TOASS (SR 1504)
Name: (owner) LANE G. ADLINS	
System Installer: CUNT NORMS	Registration #
Basement with plumbing:  Garage  Number of Bedroo	ms <u>3</u>
Type of Water Supply:   Community   Public   We	
System Type: 25% NEED CHON STS	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 wastern has been installed in correlions with applicable March Carolina Carona	Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Pelmit and Construction Authorization.
This system has been installed in compliance with applicable worth Carolina General	Statutes, Rules for sewage freatment and disposal, and an conditions of the improvement result and constitution authorization.
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PERMIT CONDITIONS:	1. 10(1)
I. Performance: System shall perform in accordance with R	ule .1961.
II. Monitoring: As required by Rule .1961.	no (50, 1507)
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes [	
	peration conditions, maintenance and reporting.
IV. Operation:	transit continuous, maintenance and reporting.
V. Other:	
□ D-Box □ Pu	mp 🗆 Alarm 🗀 H20Line 🗀 PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system:   Conventional  Conventional  Conventional	
Subsurface No. of exact	enoth width of death of
	h ditch feet ditches 3 feet ditches 3 inches
French Drain Required: Linear feet	
Authorized State Agent	Date 11 19 2020
Authorized State Agent Date 11/19/2020	