HTE# 5501911-0027

Harnett County Department of Public Health

No. 26155

PERMIT # ~A

Operation Permit

	✓ New Installation ✓ Septic Tank ✓	Nitrification Line Repair Expansion
	PROPERTY LOCATION: 197 MO	MEAN FARM DA. (US 401 N)
Name: (owner) STEPHEDSON BLBS IN		
System Installer: ASCOCK ESCAVATION Registration #		
Basement with plumbing: Garage Number of Bedrooms		
Type of Water Supply: \square Community $\not\bowtie$ Public \square Well		
System Type: 25% 25000 515.		
(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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.		
	* can	OITY TO D-BOX
	Ea	ISL SISTRIBUTION
	25% NED.	0X 28FT FROM BACK
	12PA14 216	HT COVENESS FORCH
	ANEA AN	OF HET OFE PROPERTY LINE
	* Onai	WLINE 35FT OFF BACK
H	ET TLOS 111 RIG	HT PONEH AND SUPPLY
12 1 - 40	60(4)	LIVE IFF
	1812	
	3' 35' 36 4'	
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	1 17 8	
3	1	
1 3		
3	301 SFS	
	7	
(3) 1	0	
0) 2	
	1	
,)	V	
PERMIT CONDITIONS:	12	
I. Performance: System shall perform in accordance with Rule	.1961.	
II. Monitoring: As required by Rule .1961. Monco	and Fanu br.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes		
If yes, see attached sheet for additional operation	tion conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
□ D-Box □ Pum	□ Alarm □	H20Line
Following are the specifications for the sewage disposal system on the above captioned property.		
Type of system: Conventional Other EZ F		gallons Pump Tank: gallons
Subsurface No of exact lend	•	depth of
· ·	tch 66 feet ditches	3feet ditches18inches
French Drain Required: Linear feet		
Authorized State Agent	Date Date	00 13 2020