HTE# 5001912-0015

Harnett County Department of Public Health

No. 2623 I

PERMIT # _____

Operation Permit

	New Installation 🔀 Septic Tank 😾 Nitrification Line 🗆 Repair 🗆 Expansion
	PROPERTY LOCATION: 55 SWEET HONE CO (NO YOIN.)
Name: (owner) STEPHENSON BUSS I	SUBDIVISION MORGAN FARMS LOT # 16
System Installer: ADCOCK ESCAURTISE	
Basement with plumbing: Garage Number of Bedrooms	4
Type of Water Supply: Community Public Well	
System Type: 25% NEWCTON STE Z	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.
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This system has been installed in compliance with applicable North Carblina General State	utes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .	961. HOME CT
II. Monitoring: As required by Rule .1961.	961. HOME CT
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \(\subseteq \) No	
If yes, see attached sheet for additional operation	
IV. Operation:	on conditions, maintenance and reporting.
V. Other:	
D-Rox Pump	The state of the s
	□Alarm □ H20Line □PWR Line
Following are the specifications for the sewage disposal system on the a	
Type of system: Conventional Cother Ex FL	
Subsurface No. of exact length of each ditches 3	
French Drain Required: Linear feet	h 100 feet ditches 3 feet ditches 20 inches
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	Janes dilata
Authorized State Agent	Date