HTE# 5-701912-00322

Harnett County Department of Public Health

No. 26152

PERMIT # NA

Operation Permit

| | New Installation Septic Tank Nitrific | ation Line 🗆 Repair 🗆 Expansion |
|--------------------------------|--|---|
| Name: (owner) 5 | PROPERTY LOCATION: 936 MIDDLE | |
| System Installer: 6 | COATURE HOME BUDG SUBDIVISION | LOT #/ |
| Bacament with alumbia | Registration # | |
| Type of Water Cumby | Garage Number of Bedrooms | |
| System Type: | ☐ Community ☐ Public ☐ Well Distance from well ☐ ☐ feet | P |
| (In accordance with Tab | Types V and VI Systems expire in 5 years. | 1 |
| (in accordance with rate | le V a) Owner must contact Health Department 6 months prior to expi | ration 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 Improve | ment Permit and Construction Authorization. |
| | 3 POMP TO | * GRAVITH TO D.B. |
| | 25% 125, 128812 DAIES | FRUAL DIST. |
| | 258AIN WHEL | |
| , | | * FUTURE POOL SHE |
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| PERMIT CONDITIONS: | 1 8 | |
| | rstem shall perform in accordance with Rule .1961. | |
| | s required by Rule .1961. | |
| O (| s required by Rule .1961. Other: | • ' |
| S | ıbsurface system operator required? Yes 🗆 No 🗆 | |
| If | yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: _ | The state of the s | |
| V. Other: | | |
| | D-Box | 011 |
| | _ D-Box □ Pump □ Alarm □ H2 tions for the sewage disposal system on the above captioned property. | OLine PWR Line |
| Type of system: Con | | II. B. T.I. |
| | septic raine. | llons Pump Tank: gallons |
| | William 1 | depth of ditches 18 inches |
| French Drain Required: | cnes of each ditch feet ditches 3 feet | ditches inches |
| | | |
| Authorized State Agent | Date_ | 5/11/2020 |
| | | |