HTE# 500 1912-0044

Harnett County Department of Public Health

No. 26678

PERMIT # _ ~~

Operation Permit

	🗷 New Installation 🗷 Septic Tank 🖳 Nitri	fication Line 🗆 Repair 🗆 Expansion
	PROPERTY LOCATION: 3567 OLD S	TACZ NO S. (SN1769)
Name: (owner) ADAM (EDWARDS		
System Installer: JOHN DIETNICH	Registration #	A
Basement with plumbing: Garage Number of Bedrooms		4
Type of Water Supply: Community Public Well		
System Type: 25% NEDWCTON 57	Types V and VI Systems expire in 5 years	ars.
(In accordance with Table V	Owner must contact Health Department 6 months prior to e	expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Sta	tutes, Rule for Sewage Treatment and Disposal, and all conditions of the Imp	rovement Permit and Construction Authorization.
	4 73 A 73	* AWITT TO D-BOY
	12 12 NEDW	* NEAR CINCE DID SHALL NOT BE OVE TANK OF DRAINGE * DO NOT DRIVE ON SEPTIC AREA
	1 4 3	* NEAR CINCE DIW
	1 4 1	SHALL NOT BE OVE
	39' [1	* DO NOT DAWE
	34'	ON SEPTIC ANGA
	1	1
	SFD	1
	Approx. 90'	
	•	
	1	1
	Meerica	
1	200'	
PERMIT CONDITIONS:	(MIDDLE L	
I. Performance: System shall perform in accordance with Rule .	1961. HUY) E	
II. Monitoring: As required by Rule .196.		İ
III. Maintenance: As adquired by Rule .196 . Other: Subsurface system pperator required? Yes \(\subsurface \) N	. 84	
If yes, see attached sheet for additional operation		
IV. Operation:	on conditions, maintenance and reporting.	
V. Other:		
□ D-Box □ Pump	□ Alarm □	H20Line D PWR Line
Following are the specifications for the sewage disposal system on the a		
Type of system: Conventional Other Other		gallons Pump Tank: gallons
Subsurface No. of exact length	width of	depth of
	th <u>90</u> feet ditches <u>3</u>	feet ditches 24 inches
French Drain Required: Linear feet		
Authorized State Agent Date 09/17/2020		
- Chilings		