HTE# 57702001-0026

## Harnett County Department of Public Health

No. 26168

PERMIT # \_\_\_ A

Operation Permit

4	A New Installation 🔀 Septic Tank 😡 Nitrification Line 🗆 Repair 🗆 Expansion
PROPERTY LOCATION: 1631 MAIN STREET (SN 1532)	
Name: (owner) SI GNATUNE HOME BLD	5 SUBDIVISION PROP. OF BC UC 2019 LOT # 6
System Installer: GENES BROKHOE	
Basement with plumbing:  Garage Number of Bedrooms	
Type of Water Supply:   Community   Public   Well	
System Type: 25% NEWCYON SYS.	
	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 States	s. 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 .1	01.
II. Monitoring: As required by Rule .1961.  Waintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes \square No	M
If yes, see attached sheet for additional operation	
IV. Operation:	i conditions, maintenance and reporting.
iv. Operation.	
V. Other:	
□ D-Box □ Pump	□Alarm □H20Line □PWR Line
Following are the specifications for the sewage disposal system on the al	ove captioned property.
Type of system:  Conventional Other ET FLE	
Subsurface No. of exact length	width of depth of
	55 feet ditches 3 feet ditches 22-24 inches
French Drain Required: Linear feet	
Authorized State Agent	Date 06/2020
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