HTE# 55-72001-0027

Harnett County Department of Public Health

No. 26169

PERMIT # ____

Operation Permit

	🛮 New Installation ៤ Septic Tank 🕼 Nitrification Line 🗆 Repair 🗀 Expansion
	PROPERTY LOCATION: 1611 MAIN STREET (SN 1532)
Name: (owner) _ SIGNATURE HOME	GLDS SUBDIVISION PROP OF BC LLC 2019 LOT # 7
System Installer: GENES BACKHO	Registration #
Basement with plumbing: Garage Mumber of	
T (W (□ Well Distance from well □ ► A feet
System Type: 25% NEWCION	SYS - TITC 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.
This makes the desired to the second of the	401
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.
	* CLAUITY TO D-GOX
	EGUAL DISTRIBUTION * INSTALL DIEEP (24EN) TO SHALLOW (18EN)
ISSTALL: 05/26/2020	1/3
	* INSTALL DEEP (247)
	TO SHAY STATE
	(NIB1) 2005
	and to
	25% NEDWOODO
	MERAIN ANEA
307	
-	
,	
	400 500
	370
D	P
	151 131 1
1	
	EZ FLCID
	70(5)
	17 18IN-24IN 11 ROVER
	- Access
E	
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance w	rth Rule .1961.
II. Monitoring: As required by Rule . 1961.	→ ST (SN 1532)
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required?	les 🗆 No 🗷
If yes, see attached sheet for addition IV. Operation:	al operation conditions, maintenance and reporting.
W. Operation.	
V. Other:	
□ D-Box □	
Following are the specifications for the sewage disposal system	
Type of system: Conventional Other Subsurface No. of	
	act length width of depth of
French Drain Required: Linear feet	each ditch $\frac{70}{100}$ feet ditches $\frac{3}{100}$ feet ditches $\frac{18-24}{100}$ inches
Linear leet	
Authorized State Agent	The state of the s
Authorized State Agent	Date 05/26/2020