HTE# 51702001-0047

Harnett County Department of Public Health

No. 26255

MA

Operation Permit

PERMIT #	<u>Operation Permit</u>
	New Installation 🔀 Septic Tank 🗟 Nitrification Line 🗆 Repair 🗀 Expansion
	PROPERTY LOCATION: 312 HOBER TORS (521400)
Name: (owner)	TRIANCLE HOME PROS SUBDIVISION PAULA E STEPHENSON LOT # 1
1	ATOCOCK ESCAPATING Registration #
	ing: Garage Number of Bedrooms
to the second se	: Community Public Well Distance from well feet
System Type:	25% resource 575. IIIS Types V and VI Systems expire in 5 years.
(In accordance with Ta	able V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been install	led in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	ENSTALL: 07/01/2020 RMP 4 ALARM: 08/03/20
5	Pur 4 ALAMI! 08/03/20
	æ1
	F-181-7-18
	10 [64
	P - 27' - 1
	SED THE EZ ROW
	-36'- + au 100(4)
	- 42' - 21IN-24ZW, -30'-
	LI REDUCTION
	System shall perform in accordance with Rule .1961.
	832
	TO AD
PERMIT CONDITIONS:	(57 140 1)
I. Performance:	System shall perform in accordance with Rule .1961.
II. Monitoring:	As required by Rule .1961.
III. Maintenance:	As required by Rule .1961. Other:
	Subsurface system operator required? Yes \square No \square If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	yes, see attached sheet for additional operation conditions, maintenance and reporting.
V. Other:	
Following are the rest	
•	cifications for the sewage disposal system on the above captioned property. Conventional Other 27 From The Septic Tank: 1250 gallons Pump Tank: 250 gallons
Subsurface	No. of exact length width of depth of
Drainage Field	ditches 4 of each ditch 100 feet ditches 3 feet ditches 21-24 inches
French Drain Required	: Linear feet
	1 Handle W
Authorized State A	gent