HTE# 5502002-0039

Harnett County Department of Public Health

No. 26545

PERMIT #	Operation Permit	4
	New Installation 🖾 Septic Tank 😡 Nitrification Line 🗆 Repair 🗆 Expa	ansion
	BLANDON EMITH PROPERTY LOCATION: 15 COTTLE LAKE ON - (BLUE MUC	
Name: (owner)	SMITH WOOD WORK IN B SUBDIVISION COTTLESTENE ESTS LOT # 1	
System Installer:c	GENES ON-ELECTION # Registration #	
Basement with plumbing:	g: Garage 🔎 Number of Bedrooms <u>3</u>	
	☐ Community ☑ Public ☐ Well Distance from well	
	Types V and VI Systems expire in 5 years.	
(In accordance with Table	le V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed i	in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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DEBMIT COMPLETIONS	Bride M. Sound To J	
PERMIT CONDITIONS: I. Performance: Sv	M	
II. Monitoring: As	s required by Rule .1961. (32) (32) (33) (34) (35) (35) (35) (35) (35) (35) (35) (35	
III. Maintenance: As	s required by Rule .1961. Other:	
Su	ubsurface system operator required? Yes 🗆 No 🕱	
	yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
		VR Line
Following are the specificat	ations for the sewage disposal system on the above captioned property.	
Type of system: Conv	oventional A Other Expression TIDE Septic Tank: 1000 gallons Pump Tank: ga	llons
	o. of exact length width of depth of itches 3 feet disches 3 feet	
Drainage Field dit French Drain Required:	itches of each ditch feet ditches feet ditches linear feet linear feet	
Trench Drain Required	Liliedi leet	
Authorized State A	Date 08/14/2020	
Authorized State Agent	Date OF 119 Julie 1889	