HTE#<u>SFD2003-00</u>02

Harnett County Department of Public Health

No. 26214

| Name: (owner) Time Chausen Septic Tank | PERMIT # | Operation Permit |
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| Name: (owner) | | New Installation 🔀 Septic Tank 🔯 Nitrification Line 🗆 Repair 🗆 Expansion |
| Subdition Subditions Subd | | PROPERTY LOCATION: 2493 Hillmon Employe Rel (521106) |
| System Installer: | Name: (owner) _ | |
| Basement with plumbing: Garage IX Number of Redrooms Street Number of Redrooms Street Speed (in accordance with Table V a) Well Distance from well feet Types V and W Systems expire in 5 years. Types V and W Systems expire in 5 years. This system has been intalled in compliance with applicable North Compts General Sciences, Rules for Swage Treatment and Gopcact and all conditions of the Improvemence Permit and Godgacoon Authorizations. PERMIT CONDITIONS: I. Performance: I. Performance: I. Performance: System shall perform in accordance with Rule 1961. H. Monitoring: System shall perform in accordance with Rule 1961. Mantenance: Suborface system operator required? Yes No If yes, we attached sheet for additional operation conditions, maintenance and reporting. W. Other: DBox Pump Alarm H2ULine PWR Line French Drain Required: No. Of circles Gotton Street Street Gipchal System on the above captioned property. Linear Freet Corventional Street Girches 18-24 inches | | |
| PERMI CONDITIONS: I. Performance: II. Monitoring: As required by Rule 1991. Other: W. Operation: V. Other: V. Other: V. Other: V. Other: V. Other: V. Other: Convenional by System: Owner must contact Realth Department 6 months prior to expiration for permit renewal. Owner must contact Realth Department 6 months prior to expiration for permit renewal. III. Monitoring: As required by Rule 1991. Other: V. Other: V. Other: Operation: V. Other: Operation: Owner must contact Realth Department and Experiment and Experiment and Experiment Termic and Experiment and Experiment Termic and Experiment Termical Te | (1.5) | ing: Garage 🖾 Number of Bedrooms |
| This system has been isralled in compliance with applicable North Campin General Sanaous, folds for Sevage Treatment and General and General Sanaous, folds for Sevage Treatment and General and General Sanaous, folds for Sevage Treatment and General and General Sanaous, folds for Sevage Treatment and General and General Sanaous, folds for Sevage Treatment and General Sanaous, folds for Sevage General Sanaous, folds for Sanaou | 5.5 5 | |
| PERMIT CONDITIONS: Performance: | | |
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| PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. Hillmon Grove Rd | 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. |
| PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. Hillmon Grove Rd | | |
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| PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 18. Monitoring: As required by Rule .1961. 19. Maintenance: As required by Rule .1961. 19. Operation: 19. Operation: 19. Other: 19. D-Box | | 1.18 |
| PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 18. Monitoring: As required by Rule .1961. 19. Maintenance: As required by Rule .1961. 19. Operation: 19. Operation: 19. Other: 19. D-Box | | barn 3BR |
| PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 11. Monitoring: As required by Rule .1961. 12. Minitenance: Subsurface system operator required? Yes \(\sigma \) No \(\sigma \) 13. If yes, see attached sheet for additional operation conditions, maintenance and reporting. 14. Operation: 15. Operation: 16. Other: 17. Other: 18. D-Box \(\sigma \) Pump \(\sigma \) Alorm \(\sigma \) H20Line \(\sigma \) PWR Line 16. Following are the specifications for the sewage disposal system on the above captioned property. 17. Operation: 18. Other: 19. D-Box \(\sigma \) Pump \(\sigma \) Alorm \(\sigma \) H20Line \(\sigma \) PWR Line 19. Septic Tank: \(\sigma \) Owe allons Pump Tank: \(\sigma \) gallons 19. Subsurface \(\text{No. of } \) No. of \(\text{exact length} \) width of \(\text{depth of } \) depth of \(\text{depth of } \) depth of \(\text{depth of } \) ditches \(\sigma \) Geet \(\text{ditches } \) Alorm 10. Linear feet | | I SEE |
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| III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes No | | system shall perform in accordance with Rule .1961. |
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| If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: | III. Hannenance. | |
| V. Other: D-Box Pump Alarm H20Line PWR Line Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Work Subsurface No. of exact length of each ditch French Drain Required: Linear feet No. Other Linear feet No. Other Linear feet No. Other Linear feet No. Other Pump Alarm H20Line PWR Line Septic Tank: Septic Tank | | And the second of the second o |
| D-Box Pump Alorm H20Line PWR Line Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Width of Germany Conventional Other Width of Germany Conventional Officers of each ditch feet Germany Conventional Other Ger | IV. Operation: | |
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| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Other | v. other. | |
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| Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch feet ditches 3 feet ditches inches French Drain Required: Linear feet | | fications for the sewage disposal system on the above captioned property. |
| Drainage Field ditches of each ditch feet ditches 3 feet ditches 18-24 inches French Drain Required: Linear feet | | |
| French Drain Required: Linear feet | Drainage Field | ditches \ of each ditch \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Authorized State Agent Date 7 29 2020 | French Drain Required: | Linear feet |
| Authorized State Agent Date 7 29 2020 | | DM (1) |
| | Authorized State Ag | ent |