Harnett County Department of Public Health

No. 26425

PERMIT # _____

. Operation Permit

	New Installation	
	PROPERTY LOCATION: 1206 OAK GLOVE CHUM	
Name: (owner) SIGNATURE HOME BLASS		LOT #
	Registration #	
Basement with plumbing: Garage 🛣 Number of Bedrooms	5 A 71 A	
Type of Water Supply: Community Public Well	Distance from well feet	
System Type: 25% NEDSCATOR 575.	Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for prior to expi	parmit ranawal
(In accordance with Table V a)	Owner must contact hearts beparament o months print to expiration for	permit renewal.
This system has been installed in compliance with applicable North Carolina General St	tatutes, Rules for tewage reatment and Disposal, and all conditions of the Improvement Permit	and Construction Authorization.
FOUND DISTRIBUTION 105' POWN T 10' FRONT SED	SON SED	8FD
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule	2.1961.	
II. Monitoring: As required by Rule . 1961.	e .1961.	DOFO
III. Maintenance: As required by Rule .1961. Other:	N/	
Subsurface system operator required? Yes 🗆	No 🗗	
If yes, see attached sheet for additional oper	ation conditions, maintenance and reporting.	
IV. Operation:	V	
V. Other:		
□ D-Box □ Pum	p 🗆 Alarm 🗀 H20Line	PWR Line
Following are the specifications for the sewage disposal system on th	e above captioned property.	
11 /		mp Tank: gallons
Subsurface No. of exact len Drainage Field ditches 3 of each of	0 14	epth of itches 24 inches
Drainage Field ditches of each	ditch feet ditches feet di	irches IllChes
Authorized State Agent	Date 12 02	2020