HTE# 51-50 2005-0018

Harnett County Department of Public Health

No. 26735

PERMIT # NA

Operation Permit

New Installation At Septic Tank Nitrification Line Repair Expansion

	PROPERTY LOCATION: 30 SIGN COOSE CIR. (N	' '
Name: (owner)	MEN DAWSON HOURS SUBDIVISION BIZMETT CLARE	
	GENER BARKE Registration #	
Basement with plumbing:		
Type of Water Supply:		
	25% 120000 5.5. III Types V and VI Systems expire in 5 years.	
(In accordance with Table	ole V a) Owner must contact Health Department 6 months prior to expiration for permit realth.	ewal.
This system has been installed in	d in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Constru-	tion Authorization.
* ENSTALL	1: 10/26/2020 ** POUR TO M AM : 12/04/2020 DLBOX E	
. k	M OT SMOOK	EDIUM
X DOMP 4 ACAN	20 12/04/2020 DIBOX E	inte
	DI STA	DETICAL
	AM 10. EXE OF WALKING ESULT	70(102)
	Ext. 28 walk	
	T-19	
	A PORTO	
	87D 20012	
	11' A. Marie - 1	
	DID 20 231 20 4) - 101 -	
PERMIT CONDITIONS:	A SYDIAN ING'	
I. Performance: Sy	System shall perform in accordance with Rule 1961. As required by Rule 1961.	
II. Monitoring: A	As required by Rule .1961.	
III. Maintenance: A:	As required by Rule .1961. Other: Subsurface system operator required? Yes No If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	The first see account of administration of the first seems of the firs	
V. Other:		
O	D-Box 🗆 Pump 🖾 Alarm 🖾 H20Line 🖾	PWR Line
Following are the specification	fications for the sewage disposal system on the above captioned property.	
Type of system: Cor	Conventional X Other <u>FZFLOW THB</u> Septic Tank: <u>1000</u> gallons Pump Tank:	gallons
	No. of exact length width of depth of ditches ditches 3 feet ditches	ا المرادي
U	ditails to the state of the sta	18 24 inches
French Drain Required: Linear feet		
	Pate (2/04/2020	25
Authorized State Agen	ent	