HTE#_ 5FD2005-0058

Harnett County Department of Public Health

No. 26568

Operation Permit PERMIT # _____ 5-21429 New Installation 🛱 Septic Tank 🕀 Nitrification Line 🗆 Repair 🗆 Expansion PROPERTY LOCATION: 98 LAHINCH Dr. (CHALBEATTE TOAD) Name: (owner) LGF HOMES IC CIC SUBDIVISION duog trach LOT # 126 System Installer: THORNTONS OLUMBING Registration # Basement with plumbing:
Garage Number of Bedrooms Type of Water Supply:

Community Public Well Distance from well feet System Type: 25% NESSXXIO STS TILG _____ Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. * GRAVITY TO D-BOX EGULL DISTRIBUTION 20) DID 36 L'AHINGH PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. 11. Monitoring: As required by Rule .1961. III. Maintenance: 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: ٧. 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 A Other EZ FLOW THE Septic Tank: 1005 gallons Pump Tank: Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 50 feet ditches inches French Drain Required: Linear feet Authorized State Agent Date