## HTE# 57-102005-0064 Harnett County Department of Public Health

No. 26748

PERMIT # \_ NA

Operation Permit

New Installation 📈 Septic Tank 🕞 Nitrification Line 🗆 Repair 🗆 Expansion	
PROPERTY LOCATION: 834 MANIE SECHLARY NO (51514)	
Name: (owner) SOUTHERRY TOUCH HOMES SUBDIVISION STEPHENSON FARM	~ LOT # 4
System Installer: Registration #	
Basement with plumbing: Garage A Number of Bedrooms	
Type of Water Supply:  Community Public Well Distance from well feet	
System Type: 2576 Types V and VI Systems expire in 5 years.  (In accordance with Table V a)  Owner must contact Health Department 16 months prior to expiration for	
(In accordance with Table V a)  Owner must contact Health Department 6 months prior to expiration for	or 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 Perm	nit and Construction Authorization.
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- CANDOT	CARANTEE PLACEMENT
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24	
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24'	
2	
7100	
DEDMIT CONDITIONS	
PERMIT CONDITIONS:  I. Performance: System shall perform in accordance with Rule .1961.	
III. Monitoring: As required by Rule .1961. Other:  As required by Rule .1961. Other:	
Subsurface system operator required? Yes  No  No	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	1 W LINE
Type of system:  Conventional C	ump Tank: gallons
	depth of
Drainage Field ditches 2 of each ditch 150 feet ditches 3 feet d	ditches 24 inches
French Drain Required: Linear feet	
All the same and the same as t	
Authorized State Agent Date 11 09	2020