HTE# 5FT7 2005-0069

## Harnett County Department of Public Health

No. 26683

PERMIT # \_\_\_\_

Operation Permit

New Installation 🖾 Septic Tank 🔯 Nitrification Line 🗆 Repair 🗆 Ex	
PROPERTY LOCATION: 3027 FAIRLROOMS NO (SN 1705	
Name: (owner)LOT #LOT #	<u> </u>
System Installer: CONY GILBERT Registration #	
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply:  Community Public Well Distance from well feet	
System Type:	
(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.	
1 - 1 / - 42' - * CRAVITY TO DIBOX	
EDVAL DISTRIBUTIO	2
* NO DECK AT TIME	
TOSTALL BOT FOOT	126
TON DECK MEET	S
SFT SETBALLE	
<del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
37D	
201	
**	
210	
FAIRCROUND NO (50 1765)	
ERMIT CONDITIONS:	
Performance: System shall perform in accordance with Rule .1961.	
Monitoring: As required by Rule .1961.	
I. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes $\square$ No $ ot \!\! \boxtimes$	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
Departion:	
Other:	
D-Box 🗆 Pump 🗆 Alarm 🗆 H20Line 🗆	PWR Line
ollowing are the specifications for the sewage disposal system on the above captioned property.	
	gallons
ubsurface No. of exact length width of depth of rainage Field ditches 3 feet ditches 22 inch	
rainage Field ditches of each ditch <del>&amp;&amp;</del> feet ditches <del>3</del> feet ditches <u></u> inch rench Drain Required: Linear feet	162
uthorized State Agent Date 09/24/2020	
uthorized State Agent Date 09/24/2020	