Harnett County Department of Public Health

No. 26345

PERMIT # NA

Operation Permit

operation remite	
-A New Installation 🖎 Septic Tank 🗟 Nitrification Line 🗆 Repair 🗀 Exp	ansion
PROPERTY LOCATION: 3621 ALADES CHURCH AS (51415)	1
ame: (owner) MICHAEL ANDERSON HOMES SUBDIVISION GAIL CHECK LOT # 9	i.
ystem Installer: CLINTNOWNS Registration #	
asement with plumbing: Garage Mumber of Bedrooms	
ype of Water Supply: Community Public Well Distance from well feet	
rstem Type: 25% VEOXCTON STS. TITS Types V and VI Systems expire in 9 years.	
n accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
is 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.	
AT-CAMBIE NEPOLZ	
*GAAUITY TO D-3000	
W/ SELAC	
DISTRIBUTION	
900000 X 7110 77 13) ST7 00	
* THREELS) STEP	Luis
STD * STILLTIES SHALL BI	Z
1 200TES DOWN	
11) PART PROPERTY LINE	
11 13 200	
- WATER LEFT	
- POWER MUHT	
2 8 / 3/ 3	
13,13/3/3/	
1 1 4 3 5 7 1	
\\ \times \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
T.	
15' 1	
DUELHERS POWER - P?	
FRMIT CONDITIONS:	
Performance: System shall perform in accordance with Rule . 1961	
. Monitoring: As required by Rule .1961. (57.1415)	
I. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes \square No $ ot > ot >$	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
. Operation:	
Other:	
	DIMD 1:
	PWR Line
ollowing are the specifications for the sewage disposal system on the above captioned property.	
ype of system: Conventional Other Septic Tank: Conventional State of Septic Tank: Conventional	gallons
ubsurface No. of exact length width of depth of	h
· · · · · · · · · · · · · · · · · · ·	hes
rench Drain Required: Linear feet	
Alle Sheet the males and	
uthorized State Agent Date 3/22/2021	_