Authorized State Agent

Harnett County Department of Public Health

No. 26727

10/22/2020

Date

HTE# 5-12006-0063 **Operation Permit** PERMIT # _ NA Sr 1429 New Installation ≥ Septic Tank ≥ Nitrification Line □ Repair □ Expansion PROPERTY LOCATION: 723 AVERY POUR DR. (CHALBEATE RD) Name: (owner) LGI HOMES NO LLC SUBDIVISION AVENT POND PH THE LOT # 113 System Installer: GUNLITY STEPTIC Registration # Basement with plumbing: Garage Number of Bedrooms 3 Type of Water Supply:

Community Public Well Distance from well feet System Type: 25% NEDICTION STS _ TILY 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. 161 *GRAVITY TO D-BOX EGUAL DISTRIBUTION LEWIST HEET DECK X APPROVED SFD ao' 20 136 0/0 PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. I. ANTENY II. As required by Rule .1961. Monitoring: 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. Operation: Other: □_____Pump □_____Alarm □_____H20Line D-Box ☐ PWR Line Following are the specifications for the sewage disposal system on the above captioned property. A Other EZ ITCOW THE Type of system:

Conventional Septic Tank: _____ gallons Pump Tank: _____ Subsurface No. of exact length width of depth of of each ditch 115 Drainage Field ditches ditches 27 ditches French Drain Required: