HTE#	590	200	7-000	4
	- 4			

Harnett County Department of Public Health

No. 26648

PERMIT # Operation Permit	
☐ New Installation ☐ Septic Tank ☐ Nitrification Line ☐ Repair ☐ Expans	sion
PROPERTY LOCATION: SC1236 Grometala	
Name: (owner) Weaver Aones INC SUBDIVISION ADOCK FOR LOT # 3	
System Installer: Yellow >06 Registration #	
Basement with plumbing: Garage Mumber of Bedrooms Fupe 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.	
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.II. 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:	
V. 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 Other 1592 Ned Septic Tank: 1250 gallons Pump Tank: gallo Subsurface No. of exact length width of depth of Drainage Field ditches Of each ditch 370 feet ditches 3 feet ditches 22-7/8 inches French Drain Required: Linear feet	
Authorized State Agent Date 10-19-20	