HTE# 570 2008-0003

Harnett County Department of Public Health Operation Permit

No. 26437

PERMIT #	operation remit	
	🗵 New Installation 🗵 Septic Tank 🗷 Nitrifica	ation Line 🔲 Repair 🔲 Expansion
	PROPERTY LOCATION: 208 HIGGSON 7	LOAS (521912)
Name: (owner) SIGNATURE HOME GO		
Maile. (Owile) Store Co. Active To.		
System Installer: GENES BACKLOF	registration #	
Basement with plumbing: Garage Number of Bedrooms	<u> </u>	
Type of Water Supply: Community Well	Distance from well 504 feet	
System Type: 25/0150000000000000000000000000000000000	Types V and VI Systems expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expi	ration for permit renewal.
		Burnis and Commission Analysis and
This system has been installed in compliance with applicable North Carolina General St.	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improve	ment Permit and Construction Authorization.
13'	20/ 1 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/ 20/	
PERMIT CONDITIONS:	1	
I. Performance: System shall perform in accordance with Rule	.1961.	
II. Monitoring: As required by Rule 1961.		1
III. Maintenance: As required by Rule .1961. Other;		
Subsurface system operator required? Yes 🗆	No 🗷	
If yes, see attached sheet for additional opera		1
IV. Operation:		
	V	
V. Other:	P	
	o □ Alarm □1	H20Line 🗆 PWR Line
□ D-Box □ Pump		TZULINE - TWK LINE
Following are the specifications for the sewage disposal system on the		H = P = T - 1
Type of system: Conventional Other		gallons Pump Tank: gallons
Subsurface No. of exact len	gth width of litch 90 feet ditches 3 fe	depth of
Drainage Field ditches 3 of each of	litch 90 feet ditches 3 fe	eet ditches <u>20</u> inches
French Drain Required: Linear feet		
Authorized State Agent	Date	12 21 2020