HTE#_____

Harnett County Department of Public Health

No. 26489

| PERMIT # SFD ZO | 08-0037 | <u>Operation Permit</u> | | |
|---|--|--|---|----------------|
| 🔼 New Installation 🗵 Septic Tank 🔀 Nitrification Line 🗌 Repair 🗀 Expansion | | | | |
| | | PROPERTY LOCATION: 277 | Madethur Od Reading | , |
| | · D | CURDINGIAN | McArthur Rd, Broadway |)T # |
| | arrington Properties | | | n # |
| System Installer: | larry shorpe | Registration # | | |
| Basement with plumbin | g: 🗌 🦰 Garage 🔲 Number of Bedrooms _ | 3 | | |
| Type of Water Supply: Community Public Well Distance from wellfeet | | | | |
| System Type: Tree chips Types V and VI Systems expire in 5 years. | | | | |
| (In accordance with Tal | ole V a) | Owner must contact Health Department 6 | months prior to expiration for permit renewa | l. |
| 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. | | | | |
| This system has been installed | 110' | tes, Rules for Sewage Treatment and Disposal, and all 199 100' 100' 100' Thur and (5 R 1280) | conditions of the Improvement Permit and Construction | Authorization. |
| PERMIT CONDITIONS: | | 10/1 | | |
| I. Performance: | System shall perform in accordance with Rule . | 1701. | | |
| II. Monitoring: III. Maintenance: | As required by Rule .1961. As required by Rule .1961. Other: | | | |
| III. Maintenance: | Subsurface system operator required? Yes \(\sigma\) N | | | |
| | If yes, see attached sheet for additional operation | | | |
| IV. Operation: | 11 yes, see attached sheet for additional operation | 5 Contained in the cont | | |
| Tr. operation. | | | | |
| V. Other: | | | | |
| X | D-Box | □Alarm □ | H20Line 🗆 | PWR Line |
| Following are the specifications for the sewage disposal system on the above captioned property. | | | | |
| Type of system: 🔀 | | tarana and a same and a same a sa | k: 1000 gallons Pump Tank: | gallons |
| Subsurface | No. of exact length of each dit | width | · · · · · · | & inches |
| Drainage Field | | chfeet ditches | feet ditches | inches |
| French Drain Required: | Linear feet | | | |
| Authorized State Agent Mal M KEHS Date 12-30-2020 | | | | |
| | | | | |