HTE# 50009-0003

## Harnett County Department of Public Health

No. 26424

PERMIT # Operation Permit	5-1429
New Installation ► Septic Tank ► Nitrification Line □ Repa	ir 🗆 Expansion
PROPERTY LOCATION: 217 MINERAL SPRINE IN. (	CHALGERES
Name: (owner) LETHONES NELL SUBDIVISION AVERT PONTS L	OT # 44
System Installer: THORNETONS PENNSINE Registration #	
Basement with plumbing:  Garage  Number of Bedrooms  3	
Type of Water Supply:  Community  Public  Well Distance from well  feet	
System Type: Types V and VI Systems expire in 5 years.	
(In accordance with Table Y 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.
REPAIR AREA  REPAIR AREA  RECORD  RECO	SSMON
37' P/w	
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961.  No interior of the sequired by Rule .1961. Other:	
Subsurface system operator required? Yes \( \sigma\) No \( \sigma\)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	<del></del>
V. Other:	<del></del> ;
□ 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  The above captioned property:  Septic Tank: Septic Tank: gallons Pump Tank:	gallons
Subsurface No. of exact length width of depth of	
Drainage Field ditches 3 of each ditch 50 feet ditches 3 feet ditches	inches
French Drain Required: Linear feet	
Authorized State Agent Date 12 (01) 2012	·