HTE#

Harnett County Department of Public Health

No. 26572

| | | ine, peparement or raise | | |
|---|---|---|--|--|
| PERMIT # <u>SFD2</u> | <u>110-0</u> 063 | Operation Permit New Installation Septic Tank PROPERTY LOCATION: 102 W. SUBDIVISION Williams | ☑ Nitrification Line ☐ | Repair Expansion |
| Name: (owner) | H+H CONSTRUCTORS | CURDIVISION ///// | France | INT # Z |
| | E. C. | SUBDIVISION | 7 arms | |
| System Installer: _ | , | Registration # | | |
| Basement with plumbir | | 4 | | |
| Type of Water Supply: | The second control of | Distance from well feet | | |
| System Type: | // _ / | Types V and VI Systems ex | the state of the s | |
| (In accordance with Ta | ole V a) 0 | Owner must contact Health Department 6 mont | hs prior to expiration for permit r | enewal. |
| 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. | | | | |
| | | | | |
| | No. | | | |
| | 111 | 4. | | _ |
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| | | ☐, 32, \$29' | | |
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| | | | A A | 1100000 |
| | 36'x | 63 | DIT | thes TO keep |
| | 90 | FUTURA TAPA | | Howed desper thes TO keep Ten Away worth Line |
| | 1 40 | 3r LUTURA | 1 141 | 12m not |
| | | (1015 | · From | water line |
| | 1 | 1200 | | |
| | , 53' | Aria | | |
| | | | D | - leale |
| | 1 | 1. +. 2 | 10-1 | o- note |
| | 1 | 137 (Locate po | wer \ In | ortch bottom |
| | | 137 (locate po | ines) For | a hole Dirtch bottom Eval |
| | | water | | |
| | | | | LS 0"-64" |
| | / / | | | 25 0 0 1 |
| | | | NO | CRIOCRZ |
| DERMIT CONDITIONS. | / 10:1 | 1 | | |
| PERMIT CONDITIONS: I. Performance: | System shall perform in accordance with Rule .19 | STYLOM CT | | |
| | | 01. | | |
| II. Monitoring: | As required by Rule .1961. | | | |
| III. Maintenance: | As required by Rule .1961. Other: | N | | |
| | Subsurface system operator required? Yes \square No If yes, see attached sheet for additional operation | | | |
| IV Opposition | ii yes, see attached sheet for additional operation | conditions, maintenance and reporting. | | |
| IV. Operation: | | | | |
| V. Other: | | | | |
| | D-Box Pump | □ Alarm □ | H20Line \Box | PWR Line |
| Following are the service | | | TILULING — | THE LINE |
| Type of system: | ications for the sewage disposal system on the abo conventional December 25 To reduce | | 1000 gellens Down Tools | |
| Subsurface | | Septic Tank: | 1000 gallons Pump Tank | gallons |
| Drainage Field | No. of exact length ditches / of each ditch | | depth of ditches _ | 32 inches |
| French Drain Required: | | | feet ditches | inches |
| . / | | | | |
| Authorized Cores A | ent Mahanett | 1 | Date 10-19-12 | |
| Authorized State Ag | elli / www. | | Date 10-19-22 | |