Harnett County Department of Public Health

PERMIT # 5=02111-0060

Operation Permit

PROPERTY LOCATION: 1990 ALCHOUR ON (NC 42) Name: (owner) COMBERIAN HOMES TIX SUBDIVISION ON (NC 42) System Installer: CHRIES BARBOR. Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department of 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.
System Installer:
Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well Types V and VI Systems expire in 5 years. (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.
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 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.
System Type: Types V and VI Systems expire in 5 years. (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.
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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 \square No $ atural$
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:
IV. Operation:
V. Other:
D-BoxPumpAlarmH20LinePWR Line
Following are the specifications for the sewage disposal system on the above captioned property.
Type of system: Conventional Other Frank: Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of
Subsurface No. of exact length width of depth of Drainage Field ditches 4 of each ditch 40 feet ditches 3 feet ditches 24 inches
Subsurface No. of exact length width of depth of