Harnett County Department of Public Health No. 2657
PERMIT # SF0 2211-43 Operation Permit
M New Installation ★ Septic Tank ★ Nitrification Line ☐ Repair ☐ Expansion
PROPERTY LOCATION: 54 GATES Way (SR 1215)
New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 54 GATES Way (SR 1215) Name: (owner) Lanco Coston Buildeds SUBDIVISION Fair Ridge Forms LOT # 16 System Installer: Elvis Faircloth Registration # Basement with plumbing: Garage Number of Bedrooms 3 (6 feople)
System Installer: Flyis Faces loth Registration #
Basement with plumbing: Garage Number of Bedrooms 3 (6 People)
Type of Water Supply: Community Public Well Distance from well feet
System Type: Type: Type TTT S 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.
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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.

					J 37'						
PERM	IIT CONDITIONS:				GATES WAY						
I.	Performance:	system shall perform in accordance with rule .1701.									
II.	Monitoring:	As required by Rule .1961.									
III.	I. Maintenance: As required by Rule .1961. Other:										
		Subsurface system operator required? Yes No									
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.										
IV.	Operation:	n:									
٧.	0.46										
٧.	Other:										
		D-Box		Pump	Alc	orm 🗆		H20Line	e		PWR Line
Follo	wing are the speci	fications for th	e sewage dispo	sal system on the above-captio	ned property.						
Туре	of system:	Conventional	Other 0	25% reducTION	IQU	_ Septic Tank: _	1000	gallons	Pump Tank:		gallons
Subsu	urface	No. of		exact length	. /	width of	2		depth of		
Drain	nage Field	ditches		of each ditch Z2	feet	ditches	3	feet	ditches	23	inches
Frenc	ch Drain Required:		1	Linear feet							
Auth	norized State Ag	gent		Moh ah	- REH		Date	12-5	-23		
AUTI	iorized State Ag	ent		· lace vie			Date				+