HTE#17-5	Harnett County Department of Public Health 24910
PERMIT # 29	
	New Installation 🔍 Septic Tank 🖂 Nitrification Line 🗆 Repair 🗆 Expansion
Name: (owner) _	GALLOWAY ILIONAS SKYE SUBDIVISION THUMAS LASATED LOT # F
System Installer: Basement with plum	LARDINGTON BOSTHERS Registration #
	nbing: Garage X Number of Bedrooms
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 inst	talled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	TIRZAH DRIVE
	DOLIVE REPAIR
	ARGA !
	HOUSE 10
	HOUSE M
	90
,	FOUNDATION
/	K ORAIN
/	
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:
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	8.
V. Other:	
	D-BoxPumpAlarmH20LinePWR Line
Following are the speci Type of system:	fications for the sewage disposal system on the above captioned property.
Subsurface	No. of gallons rump lank: gallons
Drainage Field	ditches of each ditch <u>60</u> feet ditches 3 feet ditches 18 inches
French Drain Required:	Linear feet
Authorized State A-	
Authorized State Ag	ent Date 2 14 18