HTE# 14-5-33465

Harnett County Department of Public Health

23331

PERMIT # _ 2786	8	<u> </u>	on Permit	_		
		✓ New Installati	on 🗹 Septic Tank	☑ Nitrification I	Line 🗆 Repair 🗀	Expansion
			OCATION: SU 2215 /			
Name: (owner) \mathcal{B}^R	CC Homes INC		ON QUAZI GIT			16
System Installer: ゴ	Ason Matthews		ration #			<u> </u>
Basement with plumbing	Ason Matthews : Garage Vumber of Be	drooms 4				
Type of Water Supply:		Well Distance from well _	feet			
System Type: <u>25% 1</u> 2	EDUCTION System Typ					
(In accordance with Tabl	le V a)	Owner must contact	Health Department 6 mor	nths prior to expiration t	for permit renewal.	
This system has been installed	in compliance with applicable North Carolina G	oneral Statutes Bules for Sevence Treats	ment and Dienoral and all can-	litians of the Improvement Day	isd (ssi Ashis	
		15U 4	gee et			i
	Lear Mary Repair	John Sprager	Part YE	호[사		
l. Monitoring: A II. Maintenance: A S	System shall perform in accordance wit As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Y f yes, see attached sheet for additiona	es 🗆 No 🗆				
. Other: _						
]	D-Box 🗆 F	⁹ ump □	Alarm 🗆	H20Line		PWR Line
ollowing are the specific	rations for the sewage disposal system					
ype of system: 🗀 Coi	nventional 🛮 Other 25% LED	wind System		/20 gallons l	Pump Tank:	gallons
		act length	width of		depth of	•
U		each ditch /50 fee	et ditches	3 feet	ditches 24 >18	inches
rench Drain Required: _	Linear feet	***************************************				
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