HTE# Mass 2005 COG7 Harnett County Department of Public Health

No. 26449

PERMIT #		Operation Per	<u>rmit</u>	5014B
	×	New Installation 🗵	Septic Tank Nitrification	Line Repair Expansion
			979 NATHER TAC.	223
Name: (owner) &	ATTON HOMES MEGH	SUBDIVISION	APTRINS LANDING	LOT # <u>7</u>
	CHILS MILKO	Registration #		
	addition of beardons	3		
	,	stance from well		
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.				
(In accordance with Table	e v a)	wher must contact health Dep	artifient o months prior to expiration	for permit renewal.
This system has been installed i	in compliance with applicable North Carolina General Statutes,	Rules for Sewage Treatment and Dis	posal, and all conditions of the Improvement P	'ermit and Construction Authorization.
	2 NATCHEZ -	MICE		
INSTALL TWO	D D-BOXES			LET WAS NOT MANUED
ONE OPHIL +	ONE DOWNILL 140'	LON CON		- MNO CLEMED ENCOMECT
	1		sourt of orlunal sts.	was designd on
FIRST AND SEC	1 ,	40D \ 100	eighboung los lines	WENTE CONNECTED
AND FOUNTH	LINES TIED 20'	311	NOTTO PLACING MOD	BUT COURST WAS
TO FORM 2	LINES WHILL.	O	107 NOTIFIED	
	16'	THE !	il ! LANGE MOCK TO	LAM DEED WAS EQUID
3 Individue	UNES DOWNHILL		PARSENT ON LAW O	NEULISION STAGE
61 - 34FT	45 - 565	They would		
	46 - 62FT		ECONDINATION & APPLICA	
L3 - 38FT		18		TO COMOINE WY OWINERS
	N t=		NEIGHBORING LOT WH	HEAR. GAILMAN SIS_ WAS
	STET B/W DOORES U	23/	DESIGNED. CLAPTON 4	lones advised to leave t
PAIL EXENT	: 15A NCAC 18A 01945	- JOSOVAGE	Sis. BE INSTALLED OF	is sincle lot valo
NO TERMILA	NEW [SEPTIC] IS	WEARES VIEW	AECCHBNATOD DELCOS	E WOULD "TAKE TO AUCH
	captains canding sld	W.		COUNT NOTIFIED ET
DUE TO DEED	DED ACCOUNTS PLATS		WOULD BE UNCOM	
	1983 (AUNILIBLE SPACE)		AUNILISE STREET	
PERMIT CONDITIONS:			A Company of the Comp	Carocon -
	ystem shall perform in accordance with Rule 196 Is required by Rule .1961.	d.	212. 22 WELLING EX	emp (150 min bauf45)
	is required by Rule .1961. Other:		*	
	ubsurface system operator required? Yes \(\sigma\) No \(\Jap\)			
	f yes, see attached sheet for additional operation		reporting.	
IV. Operation: _				
V. Other: _				
				DNUD I:
	D-BoxPump	,	m 🗆 H20Li	ne 🗆PWR Line
	ations for the sewage disposal system on the about the north about the sewage disposal system on the about the sewage disposal system of the sewag		Septic Tank: 1000 gallon	s Pump Tank: gallons
Type of system: Co Subsurface N			width of	depth of
	litches NOUTL exact length	314 CTOT Geet	ditches feet	ditches 18 inches
French Drain Required:	Linear feet	- 1000	1000	
		<i></i>		
Authorized State Agent Date GI 14 2021				
		9		