HTE# <u>15-5-</u>	Harnett County Department of Public Health	23802
PERMIT # 284	82. Operation Permit	23002
	New Installation Septic Tank I Nitrification	Line 🗆 Repair 🗆 Expansion
PROPERTY LOCATION: 5-1763 OT D STAGBRAD		
Name: (owner)	Edoie Convert Registration #	LOT #
Basement with plumbing: Garage Jumber of Bedrooms 3		
Type of Water Supply: 🗆 Community 📝 Public 🔲 Well Distance from well feet		
System Type: 25% Reduct System System Type: U and VI Systems expire in 5 years. (In accordance with Table V a) Owner must confident Pleating Department 6 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 Disposal and all conditions of the Improvement Pe	ermit and Construction Authorization.
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PERMIT CONDITIONS:		
	ystem shall perform in accordance with Rule .1961.	
-	s required by Rule .1961. s required by Rule .1961. Other:	
Si	ubsurface system operator required? Yes 🗆 No 🗀	
If IV. Operation: _	f yes, see attached sheet for additional operation conditions, maintenance and reporting.	
-		
V. Other: _		
	D-Box Pump H20Line	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: 🗆 Conventional 🗹 Other <u>25% (CED) Coro</u> gallons <u>Septic</u> Tank: <u>1060</u> gallons Pump Tank: gallons		
Subsurface N	lo. of exact length width of	depth of
Drainage Field d French Drain Required:	itches of each ditch feet ditches feet ditches feet	ditches 18 inches
Authorized State Agen	it gan - Markant E Date 9-	23-15