HTE# 17-5-4174/R Harnett County Department of Public Health	
PERMIT # 29605 Operation Permit 24504	
□ New Installation ☑ Septic Tank ☑ Nitrification Line □ Repair ☑ Expans	ion
PROPERTY LOCATION: 501446 Punkay RD	
Name: (owner) DAVID 16050 SUBDIVISION Henitage HAVED LOT # 14	-
System Installer: KtCky Holling Registration # Registration #	
Type of Water Supply:  Community  Public  Well Distance from Well feet	
System Type: The State of the Systems of the System	
(In accordance with Table V a)  Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Carolina General Statutes, Bules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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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:	
Subsurface system operator required? Yes \( \subseteq \text{No} \subseteq \)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.  IV. Operation:	
V. Other:	
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Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:  Conventional  Other  Other  Septic Tank: 1250 gallons Pump Tank: gallons gall	nc
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Subsurface No. of exact length width of ditches depth of of each ditch feet ditches	
French Drain Required: Linear feet	
Authorized State Agent June 2 Marhon & Date 7-15-17	
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