HTE# 13-5-32468 Harnett County Department of Public Health	3476
PERMIT # 27599 Operation Permit	0 1 7 0
Poud New Installation Septic Tank Nitrification Line	Repair Expansion
PROPERTY LOCATION: 821407 WADE STEP ARDS	~~
Name: (owner) Phillip + Sum Wellow SUBDIVISION Fieldship	_LOT # _ FS~
System Installer: JAY Abcor Registration # Registration #	
Type of Water Supply: Community Public Well Distance from well	
System Type: 25% RBSCCT System Type TTP C Drug 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 re	enewal.
This system has been installed in compliance with applicable North Carolina General Satutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Constru	uction Authorization.
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
ii. Monitoring. As required by full 1761.	
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes No	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	· HR LBIG
Type of system: Conventional Other 25% 1250 U Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 3 feet ditches 3 feet ditches 3	
Drainage Field ditches 5 of each ditch 100 feet ditches 5 feet ditches 2 French Drain Required: Linear feet	<u>22→18</u> inches
Authorized State Agent Date 10-21-14	