HTE# 25742	Harnett County Department of Public Health 21	069
PERMIT # <u>10-5-</u>	Operation Permit	
	✓ New Installation ✓ Septic Tank ☐ Repair ✓ Nitrification Li	ne 🗆 Expansion
_	PROPERTY LOCATION: 301775 ABLE Ave	•
Name: (owner) $Z$	Achel Cavaca Shange SUBDIVISION <u>Gil Wellens</u>	.0T # <u>/</u>
System Installer: _ Basement with plumbi	EIIIS TEN Registration #	
Type of Water Supply:		
System Type: 25% R	CEDOTON System Type III G CON ARC 36 Types V and VI Systems expire in 5 years.	
(In accordance with Ta	Table V a) Owner must contact Health Department 6 months prior to expiration for permit renew	al.
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.		
* System In	WETTENIED AS PENNITED	
* Full STO	RAGE ON DRATTERS	
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	Sa 1725 Aske Ave	
PERMIT CONDITIONS:	ACTION FORE MC	
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:	
	Subsurface system operator required? Yes □ No □	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
ir. operation.		
V. Other:		
Following are the spec	cifications for the sewage disposal system on the above captioned property.	
Type of system: $\Box$	Conventional 🗹 Other 25% DEDUCTON Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface Drainage Field	No. of exact length width of depth of ditches $3$ feet ditches $2$	inches
French Drain Required:		HIGHES
	- S M I A	
Authorized State Ag	igent_anes Montant Date 11-19-10	