| HTE# 13-5-3220612 Harnett County Department of Public Health 2328 | 1 |
|---|-----------|
| PERMIT # 276812 Operation Permit | |
| 🛛 New Installation 🔀 Septic Tank 📈 Nitrification Line 🗆 Repair 🗆 | Expansion |
| PROPERTY LOCATION: KOSSED KITMAN KD | |
| Name: (owner) FREDEN HURSADO VALLEO SUBDIVISION GROVER PRINCE LOT # System Installer: LARRY SHARE Registration # | |
| Basement with plumbing: 🗆 Garage 🗆 Number of Bedrooms | |
| Type of Water Supply: \Box Community \searrow Public \Box Well Distance from well <u>$\downarrow O O$</u> feet | |
| 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. | |
| | ation |
| 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 Authoriz | |
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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: | |
| 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. | |
| Type of system: Conventional Other TIDE CAPES Septic Tank: 1000 gallons Pump Tank: | gallons |
| Drainage Field ditches feet ditches feet ditches feet ditches | inches |
| French Drain Required: | |
| Authorized State Agent Date 5/12/12 | |
| Authorized State Agent Date Date | |