HTE# <u>0</u> 7-5	Harnett County Department of Public Health 19655
PERMIT # 24	
	New Installation Septic Tank Repair Mitrification Line Expansion
	PROPERTY LOCATION: MAGY = Ro
Name: (owner) _	Dearnes Churcon or Chest SUBDIVISION LOT #
System Installer:	John Registration #
Basement with plum	bing: Lagrage Dumber of Bedrooms 54 Manager Chivages
System Type:	y: Community Public Well Distance from well 100 feet
(In accordance with	Types V and VI Systems expire in 5 years.  Owner must consert Health December (August 1988)
,	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, Rules 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. Haintenance:	As required by Rule .1961. Other:
	Subsurface system operator required? Yes \( \subseteq \) No \( \subseteq \)
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
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V. Other:	
Following are the speci	fications for the sewage disposal system on the above captioned property.
Type of system:	Conventional Other Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface	No. of exact length width of depth of
Drainage Field	ditches 2 of each ditch 50 feet ditches 3 feet ditches 36 inches

French Drain Required:

Authorized State Agent\_

Linear feet

\_\_ inches

Date 12/11/07