HTE#	3-	5-	3	0	5	2	8

Harnett County Department of Public Health

PERMIT # 276	27 Operation Permit	22967
		Repair Expansion
	PROPERTY LOCATION: / wrsery Rd.	nepan C Expansion
Name: (owner) 1/6	rnett County (Anderson Creek Pode/SUBDIVISION	LOT #
• ,	2: addle Residential Contraction Registration #	
Basement with plumbing	g: Garage Number of Bedrooms 600 3 pd	
Type of Water Supply:		
System Type:(In accordance with Tab	Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit re	1
(III decoluance min 160	ве у а) — Омнет ніць соптаст пеатті рератинент о піонців рітог то ехрітатіон пог ретініств	:newal.
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 Constr	uction Authorization.
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P. A. R. K. L. Z. G.	1 in the contraction	
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PERMIT CONDITIONS: I. Performance: S	System shall perform in accordance with Rule .1961.	
	system snail perform in accordance with kule .1961. As required by Rule .1961.	
III. Maintenance: <i>I</i>	As required by Rule .1961. Other:	
	Subsurface system operator required? Yes 🗆 No 🗹	
IV. Operation: _	lf yes, see attached sheet for additional operation conditions, maintenance and reporting.	
14. Operation		
V. Other:		
	D-Box	PWR Line
	cations for the sewage disposal system on the above captioned property.	, , , , , , , , , , , , , , , , , , ,
Type of system: 🗀 Co	onventional Other Ocick 4 Chamber Septic Tank: 1550 gallons Pump Tank:	gallons
	No of avact langth width of dank of	
•	depth of depth of depth of ditches	8-24 inches
French Drain Required: _	Linear feet	
Authorized State Ager	nt / Suy Musin / Ct HS Date _///8/2013	
Authorized State Agei	11/ /up / Joan / 1/ / 1/ 2013	