HTE#<u>14-5-34762</u>

## Harnett County Department of Public Health

23483

PERMIT	#	2808	1
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PERMIT #	581			<u>Uperation</u>				
				New Installation	Septic Tank	Nitrification	Line  Repair	☐ Expansion
			_		ATION: 1765			·
Name: (owner)	Den	ta 5	ANDERS	SUBDIVISION	Koula.	e 45T	LOT #	
System Installer:	LAN	an San	ry l	Registrat				•
Basement with plumbin	ng: 🗆	Garage 🖸 N	umber of Bedrooms	<u>f</u>				
Type of Water Supply:				tance from well	feet			
System Type: 25	20113-1	suct v	TyoTI GE					
(In accordance with Ta	able V a)		/ Ow	ner must contact Hea	alth Department 6 mon	ths prior to expiration	for permit renewal.	
This system has been installed	ad in complian	ca with applicable N	orth Caroli <del>na General-St</del> at <del>utes</del> ;	Bulan for Sources Treatmen	et and Disposal and all-cond	itians of the Improvement D	ormit and Construction Authori	
inis system has been histain	ed in compilar	се міні аррисавіе п	ortii Caronina General Statutes;	rules for Sewage Treatmen	er and Disposar, and air Cond	Thous of the improvement re	Strait and Construction Authoriz	ZALIOII.
			<b>)</b>			•		
				rejoin	•			
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				STREET				
PERMIT CONDITIONS:								
I. Performance:			cordance with Rule .1961	•				
II. Monitoring: III. Maintenance:		d by Rule .1961.	Other:					
m. Hamtenance.			required? Yes \( \square\) No \( \square\)					
			for additional operation of		ce and reporting.			
IV. Operation:	/,		operation of	- married and	te and reporting.			
•								
V. Other:								
	_ D-Box		Pump 🗆		Alarm 🗆	H20Line		PWR Line
Following are the specif	fications for	the sewage disp	osal system on the above	captioned property.				
			252 RESDUTE			200 gallons	Pump Tank:	gallons
Subsurface	No. of		exact length	0.5	width of	-	depth of	
Drainage Field		Ч	——————————————————————————————————————	90 feet	ditches	3 feet	ditches ZO'	inches
French Drain Required:			Linear feet					1
Authorized State Age		0	S M	what				
Authorized State Age	ent	10	= < 1"   A	whast	×	Date 11-	4-14	