HTE# 12-53852)

Authorized State Agent_

Harnett County Department of Public Health

mic#	Trainett county bepartment of rubile ficulti	
PERMIT # 2		33
		Expansion
	PROPERTY LOCATION: PRINCE WOMACK LN	
	er) KIMBERLY McDONALD SUBDIVISION LOT #	<u> </u>
,	ller: Lacrot Share Registration #	
Basement with		
System Type:	Supply: Community Public Well Distance from well 100 feet Types V and VI Systems expire in 5 years.	
	with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has b	en installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authoriza	tion.
	150'	
	HOUSE NATED SENT	
PERMIT CONDI	IONS:	
I. Perform	unce: System shall perform in accordance with Rule .1961.	
II. Monitor		
III. Mainten	As required by Rule .1961. Other: Subsurface system operator required? Yes No	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operat	on:	
V Othor		
V. Other:		PWR Line
	he specifications for the sewage disposal system on the above captioned property.	
Type of system		gallons
Subsurface Drainage Field	No. of exact length width of depth of ditches 3 feet ditches 24-18	_ inches
French Drain F		