HTE# 16-5-40475 Harnett County Department of Publi PERMIT # 29307 Operation Permit	c Health
PERMIT # 29307 Operation Permit	24410
	✓ Nitrification Line ☐ Repair ☐ Expansion
PROPERTY LOCATION: US	401 N.
Name: (owner) Javes Marrow SUBDIVISION	IOT #
System Installer: T& H backned Service Registration #	
Basement with plumbing: Garage Windows Sedrooms	
Type of Water Supply: Community Public Well Distance from well feet System Type: Types V and VI Systems expi	re in 5 years
(In accordance with Table V a) Owner must contact Health Department 6 months	
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all condition	is of the Improvement Permit and Construction Authorization
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\$ TO US 401 W. BARN 3	
PERMIT CONDITIONS:	4
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:	
Subsurface system operator required? Yes \(\sime\) No \(\sime\) If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □	H20Line D PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	TAN LINE
Type of system: Conventional Other 25/0 reduction Ez Flow Septic Tank: 10	gallons Pump Tank: gallons
Subsurface No. of exact length width of	depth of
Drainage Field ditches of each ditch feet ditches French Drain Required: Linear feet	feet ditches $\sqrt{8-24}$ inches
Authorized State Agent Da	te _06/02/2017







