HTE# 08-5-20121 Harnett County Department of Public Health 2030	6
PERMIT # / Operation Permit /	
New Installation Sentic Tank Repair 7 Nitrification Line	Expansion
Name: (owner)TWR VENTURES, LLC SUBDIVISION Trisonal TWO DUSTNIED LOT #	
Name: (owner)TWR VENTURES, LLC SUBDIVISION Trisont INDUSTRICE LOT #	\$
System Installer: VAY ANCOCK Accorded Registration # Registration #	
Type of Water Supply: Community Public Well Distance from well	
System Type: 25% (In accordance with Table V a) Type Type Paust contact Health Department 6 months prior to expiration for permit renewal.	
(in accordance with Table 1 a) Polypor spust contact health Department o 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 Disposa, and all conditions of the Improvement Permit and Construction Authorizat	ion.
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PERMIT CONDITIONS:	
 Performance: System shall perform in accordance with Rule .1961. Monitoring: As required by Rule .1961. 	
III. Maintenance: 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. Operation:	
V. Other:	
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other 15% 2600 crus 5556 Septic Tank: 1000 gallons Pump Tank: 1000 Subsurface No. of exact length width of depth of	gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 3 of each ditch 150 feet ditches 3 feet ditches $20 > 12$	inches
French Drain Required: Linear feet	
Authorized State Agent ames & Manhanfors Date 10-15-08	
Authorized State Agent ames 2 Manhanters Date 10-15-08	