HTE# 1:-5-261	Harnett County Department of Public Health	
PERMIT # <u>26415</u>	<u>Operation Permit</u> / 21729	ı
	🗹 New Installation 🗹 Septic Tank 🗹 Nitrification Line 🗆 Repair 🗀 Ex	pansion
N () "No	PROPERTY LOCATION: September 145	
	C) First About Substitution # SUBDIVISION LOT #	
Basement with plumbir	ing: 🗆 Garage 🗆 Number of Bedrooms <u>**</u>	
Type of Water Supply:	: Community Public Well Distance from well feet REDICATION System Type III 6 52 Long Types V and VI Systems expire in 5 years.	
(In accordance with Ta	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installe	led in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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Protocol Medical Spirit		
NASSACE COMPANY		
PERMIT CONDITIONS:		
I. Performance: II. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
	Subsurface system operator required? Yes No No If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
		PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.		
Type of system: Subsurface	Conventional Other 25% Work Systes Septic Tank: 1060 gallons Pump Tank:	. gallons
Drainage Field	ditches 2 of each ditch 120 feet ditches 3 feet ditches 24° inc	ches
French Drain Required:		
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