HTE#_11-5-2758 <b>3</b> RL	Harnett Co	unty Departme	nt of Public	Health	2348	7
PERMIT #		<u>Operation</u>	<u>Permit</u>	Nitrification Line		
		New Installation	🗹 Septic Tank 🛮 🗗	Nitrification Line $\Box$	] Repair □	] Expansion
		PROPERTY LOCAT	ON:001504 LEP	sand 120		
Name: (owner) LUES /	1 Radniques	SUBDIVISION 🖊	lew Horizons		LOT #	4
Name: (owner)	7 CAnders	Registration	#			
Basement with plumbing:  Gara	ge 🗌 Number of Bedrooms	4				
Type of Water Supply:   Community	Public	Distance from well	feet			
System Type: 25% 178120 Pro	System Type III G	ezuny Types	V and VI Systems expire	in 5 years.		
(In accordance with Table V a)	<i>[ [                                  </i>	Owner must contact Health	Department 6 months pr	ior to expiration for perm	it renewal.	

al. This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. YNCEDS. Newsia-lorsetbooks YNCEDS-W+PLINES for Final BIDG 12-13

	GP well		1 Jun Pontiet	12 42 10 10 10 10 10 10 10 10 10 10 10 10 10					
			BN 1501	1 Leps conto PD					
PERM	11T CONDITIONS:								
l.	Performance:	System shall perform in accordance with Rule .1961.							
II.	Monitoring:	As required by Rule .1							
III.	Maintenance:								
		Subsurface system oper	ator required? Yes 🗆 No 🗆						
		If yes, see attached sh	eet for additional operation conditions, m	naintenance and reporting.					
IV.	Operation:								
٧.	Other:								
		D-Box 🗆	Pump 🗆	Alarm 🗆	H20Line 🗆	PWR Line			
Follo	wing are the spec	ifications for the sewage	disposal system on the above captioned	property.					
	of system:		other 25% REDUCTUR Soften	Septic Tank: 1000		gallons			
	urface	No. of	exact length '	width of	depth of				
Drair	nage Field	ditches	of each ditch 90	$\underline{}$ feet ditches $\underline{}$	feet ditches 20 > 18	inches			
	ch Drain Required:		Linear feet						
Aut	horized State A	gent	5 MAN	hant Date	2-13-15				
	.30-			-					