HTE# REPAIR

Harnett County Department of Public Health

25046

PERMIT	#	30033
PEKMII	#	

PERMIT # _ 3C	Operation Permit	
		Nitrification Line 💢 Repair 🗆 Expansion
	PROPERTY LOCATION: 31 UNION	Crease
Name: (owner) _	DOMALO WEARS SUBDIVISION WOODSHIRE	LOT # <u>93</u>
System Installer:		LUI #
Basement with plumb		
	ply: Community Public Well Distance from well feet	
System Type:	Types V and VI Systems expire in 5	years.
(In accordance with 1	Owner must contact Health Department 6 months prior	
This system has been insta	stalled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the	Improvement Permit and Construction Authorization.
	DECX DECX HOUSE UNION CIRCLE	
PERMIT CONDITIONS:		
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 \(\subseteq \text{No.} \(\subseteq \)	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
	D-Box Pump Alarm	H20Line □ PWR Line
Following are the speci	ecifications for the sewage disposal system on the above captioned property.	TAXLING
Type of system:	Conventional Other CriamBED QUA Septic Tank: 1000	gallons Pump Tank: gallons
Subsurface	No. of exact length width of	depth of
Drainage Field	ditches 1 of each ditch 150 feet ditches 3	feet ditches 18-22 inches
rrench Drain Kequired:	Linear feet	
Authorized State Ag	ditches of each ditch 150 feet ditches 3 Linear feet Date	4/18/18
712 21410 118	Date_	11-11-