HTE# 06-500 15900 22235

Harnett County Department of Public nealth 18925

PERMIT # \documents documents docume	Operation Permit		
		☐ Repair ※ Nitrification Line ☐	Expansion
0	PROPERTY LOCATION: 1108		
Name: (owner) Regency Home)	SUBDIVISION YORKShine	Plantation LOT#	109
System Installer: Ted BROWN	Registration #		
Basement with plumbing: Garage M Number of Bedroom			
Type of Water Supply: ☐ Community ☑ Public ☐ Well System Type: ☐ Community ☑ Public ☐ Well			
	Types V and VI Systems e		
(In accordance with Table V a)	Owner must contact Health Department 6 mon	oths prior to expiration for permit renewal.	
This system has been installed in compliance with applicable Month Carolina Canada	tabutes Bules for Saware Treatment and Disparel, and all con-	listans of the Improvement Permit and Construction Authorizon	****
This system has been installed in compliance with applicable North Carolina General S	natures, rules for sewage freatment and disposal, and all con-	ntions of the improvement Fernit and Construction Addiorizati	uon.
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PERMIT CONDITIONS:			
I. Performance: System shall perform in accordance with Rul	e .1961.		
II. Monitoring: As required by Rule .1961.			
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes	No XV		
	ration conditions, maintenance and reporting.		
IV. Operation:	estation conditions, maintenance and reporting.		
V. Other:			
Following are the specifications for the sewage disposal system on the		200 gallons Pump Tank:	
Type of system: Conventional Other CONTROL OF exact le	4	8anons rump rum	gallons
Subsurface No. of exact le Drainage Field ditches of each	ditch 150 feet ditches _	depth of ditches 1824	inches
French Drain Required: Linear feet	uttiles	J icc vicins 1	_ inches
		1	
Authorized State Agent		Date 12/204	
Authorized State Agent 70 000 0	-	Date 1 - 100	