HTE# 07-5-1664/

Harnett County Department of Public Health 19043

PERMIT # <u>24 050</u>	Operation Permit
	New Installation Septic Tank Repair Nitrification Line Expansion
	PROPERTY LOCATION: 572 1440
Name: (owner) IOM Developer Fic	SUBDIVISION Automor Point LOT # 6
System Installer: Jane 1 Blog.	Registration #
Basement with plumbing: Garage Number of Bedrooms	<u></u>
Type of Water Supply: Community Public Well	Distance from well feet
System Type: TT G	Types V and VI Systems expire in 5 years.
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	(6)
PERMIT CONDITIONS:	Topsail Dr.
I. Performance: System shall perform in accordance with Rule .II. Monitoring: As required by Rule .1961.	1701.
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes 🗆 N	lo 🗌
If yes, see attached sheet for additional operat	
IV. Operation:	
A	
V. Other:	
Following are the specifications for the sewage disposal system on the	above captioned property
Type of system: Conventional Other 62 Flow	Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface No. of exact lengt	h width of depth of
	tch 75 feet ditches 3 feet ditches $29-28$ inches
French Drain Required: Linear feet	
Authorized State Agent / Eugen / Lowing K.). Date 5/25/2007	