HTE#07-5-16643

Harnett County Department of Public Health 19056

The state of the s	vality department of rudile Health 19056
PERMIT #_23707	Operation Permit
	New Installation Septic Tank Repair Nitrification Line Expansion
	PROPERTY LOCATION: 52 1446
Name: (owner) IOM Devalopers Inc.	CHARMETON /
System Installer Stone: 1 Blan	Registration #
Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well	
Type of Water Supply: Community Public Well System Type: TTG	Distance from well feet
(In accordance with Table V a)	Types V and VI Systems expire in 5 years.
,	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.
	Terrine and Construction Authorization.
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .190	
ii. Monitoring: As required by Rule .1961.	л.
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes 🗌 No [
If yes, see attached sheet for additional operation IV. Operation:	conditions, maintenance and reporting.
Y. Other:	
Following are the specification ()	
Following are the specifications for the sewage disposal system on the abov Type of system: Conventional Other 7 Floria	
type of system: Conventional Other EZ Flow obsurface No. of exact length	Size of tank: Septic Tank: gallons Pump Tank: gallons
Orainage Field ditches 3 exact length	RC) width of depth of
rench Drain Required: Linear feet	feet ditches 3 feet ditches 18-30 inches
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uthorized State Agent Luga Misia L. S.	nu Claba
and the same of th	Date 6 (1/2007