HTE# 67-5-16645R

Harnett County Department of Public Health 19044

PERMIT # 237,	35	Operation Permit	
		New Installation Septic Tank Repair Mitrification Line	☐ Evnancion
		PROPERTY LOCATION: 522 1446	Expansion
Name: (owner)	IOM Developers Inc		# 9
	Stene: (Blodg:	Registration #	<i>π</i> _/
Basement with plumb			
Type of Water Supply	• /	Distance from well feet	
System Type:		Types V and VI Systems expire in 5 years.	
(In accordance with I	Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
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This system has been insta	alled in compliance with applicable North Carolina General Stal	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Aut	horization.
		Person de la	
PERMIT CONDITIONS:			
I. Performance:	System shall perform in accordance with Rule .1	1961.	
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:		
таппенансе.	Subsurface system operator required? Yes No	۰ 🗀	
	If yes, see attached sheet for additional operation		
IV. Operation:		on conditions, maintenance and reporting.	
•			_
V. Other:			
Following are the case	ifications for the course describer and	harana da a	
Type of system:	ifications for the sewage disposal system on the a Conventional 2 Other 2		
Subsurface	No. of exact length		gallons
Drainage Field	ditches 2 of each ditch	. () 6	You also a
French Drain Required:	or cach are	th $\frac{1}{1}$ feet ditches $\frac{1}{1}$ feet ditches $\frac{1}{1}$	inches
Authorized State Ag	ent Lyon Milain R.	Date 3/15/2007	