HTE# 07-5-16661R R Harnett County Department of Public Health PERMIT # 25904 Name: (owner) Iom DENELORICES INC SUBDIVISION DOWN POINT	21834 Repair □ Expansion LOT # _∑
System Installer: <u>STANCIL BUILOERS</u> Registration #	
Basement with plumbing: 🗆 Garage 🏹 Number of Bedrooms <u>3</u> Type of Water Supply: 🗆 Community 🕱 Public 🗆 Well Distance from well <u>100</u> feet	
System Type: 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 re	enewal.
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Constru	
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DEPAIL CONDITIONS	
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 🗆 No 🔀 If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: □ Conventional 文 Other <u>EZ Frow</u> Septic Tank: <u>1000</u> gallons Pump Tank	: <u>1000</u> gallons
Subsurface     No. of     exact length     width of     depth of       Drainage Field     ditches	18-24 inches
French Drain Required:	
Authorized State Agent Date 53 ji	•
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