HTE	#1)	7-5	-/	6	7/4	1
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## Harnett County Department of Public Health 19481

PERMIT # 23714	Operation Permit	
	/ !	: Tank 🗆 Repair 🗹 Nitrification Line 🗀 Expansion
		1409 OAKRESCH DUNGAD
Name: (owner)	EVANS FINE Homes SUBDIVISION Austral	
	Kenneth Weekes Registration #	
Basement with plumbi		<del> </del>
Type of Water Supply:		
System Type: 25% (In accordance with Ta		stems expire in 5 years. t 6 months prior to expiration for permit renewal.
(III accordance with the	ible 1 a) Owner must contact nearth bepartment	to months prior to expiration for permit renewal.
This system has been install	ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and	d all conditions of the Improvement Permit and Construction Authorization.
	25% CCT) PLANTE.  25% CCT) PLANTE.  35% CCT) PLA	
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance:	System shall perform in accordance with Rule .1961. As required by Rule .1961. As required by Rule .1961. Other:  Subsurface system operator required? Yes  No  If yes, see attached sheet for additional operation conditions, maintenance and reporting	g.
IV. Operation:		
V. Other:		
Following are the speci	fications for the sewage disposal system on the above captioned property.	
Type of system:	Conventional S Other 15% PCDVCNON Size of tank: Septic	Tank: 1000 gallons Pump Tank: gallons
Subsurface	7	th of depth of hes 3 feet ditches 24 inches
Drainage Field French Drain Required:		thes feet ditches inches
Trench Drain negatica.		
Authorized State Ag	en ame & Markon for	Date