	07-5-16760	R
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Harnett County Department of Public Health

PERMIT # 24°	113	Operation Permit		22712
		🛮 New Installation 🗏 Septic T		Repair 🗌 Expansion
		PROPERTY LOCATION: LEm		
, ,	HOMELL EDWARDS	SUBDIVISION GATE		LOT # <u>25</u> _
System Installer:		Registration #		
Basement with plumbin	ng: □ Garage 🔼 Number of Bedrooms □ Community 🗵 Public □ Well	Distance from well \(\sumbole \O \) feet		
System Type:	TTT		ems expire in 5 years.	
(In accordance with Ta	ıble V a)	Owner must contact Health Department 6	months prior to expiration for permit	renewal.
This system has been installe	ed in compliance with applicable North Carolina General St	atutes, Rules for Sewage Treatment and Disposal, and a	ll conditions of the Improvement Permit and Cor	struction Authorization.
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			149	
		HOUSE		
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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:	No X		
	If yes, see attached sheet for additional oper	ation conditions, maintenance and reporting.		
IV. Operation:		. •		
V. Other:				
	D-Box Pump	□ Alarm □	H20Line □	PWR Line
	romp		TIZVEIIV L	, HIX LINE
	Conventional Other Other		nk: <u>1000</u> gallons Pump Tan	ık: gallons
Subsurface	No. of exact len	gth width	of depth of	1 150
Drainage Field French Drain Required:	_	litch <u>150</u> feet ditche	es feet ditches _	18 inches
Trench Drain Required:	All Aller		1	
Authorized State Ag	vent /// ////	DENS PENS	Date "\5-\1	
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