HTE# 07-5-16555

Harnett County Department of Public Health

PERMIT # 23958_	Operation Permit	22681
	New Installation Septic Tank Mitrification Lin	ne 🗆 Repair 🗆 Expansion
	PROPERTY LOCATION: STLISTER Sim Honges	<i>(</i> 20
Name: (owner) HC Holding Fre	SUBDIVISION Hunter Port	LOT # 29
System Installer:	Registration #	
Basement with plumbing: Garage Number of Bedrage Water Supply: Community Public Very Public Very Number of Bedrage Very Public Very Number of Bedrage Very Num		
	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 renewal.
This system has been installed in compliance with applicable North Carolina Gene	ral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permi	t and Construction Authorization
	× 70	Tana Constituti Factorization.
	23 feet	
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	March 1	
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	JOANBABY CT	
PERMIT CONDITIONS:	D.J. 10/1	
 Performance: System shall perform in accordance with Monitoring: As required by Rule .1961. 	Kule .1701.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes		
If yes, see attached sheet for additional IV. Operation:	operation conditions, maintenance and reporting.	
V. Other:		
□ D-Box □Pu	np 🗆 Alarm 🗆 H20Line 🗅	□ PWR Line
Following are the specifications for the sewage disposal system of		
	length width of gallons Pu	ımp Tank: gallons depth of
6.1	ch ditch feet ditches feet d	ditches <u>24</u> inches
French Drain Required: Linear feet		
	MI I A	_
Authorized State Agent /	Date 6-25	7.3