		X		
HTE# 07-500 17283	Harnet County Dep	artment of Public	ealth 1939	4
PERMIT # 23850	Oper	ration Permit		
	<i>a</i> •	allation Septic Tank 🗆 R	Repair Nitrification Li	ine Expansion
Ca	PROPER	TY LOCATION: 1141		
Name: (owner) (Arrive)		IVISION SUMMIT		LOT # <u>193</u>
System Installer:	umber of Bedrooms	egistration #		
Type of Water Supply: Community P				
System Type: On this to: (In accordance with Table V a)	Owner must cor	Types V and VI Systems expire in Statet Health Department 6 months prior		val.
This system has been installed in compliance with applicable I	lorth Carolina General Statutes, Rules for Sewag	e Treatment and Disposal, and all conditions of th	e Improvement Permit and Construction	on Authorization.
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PERMIT CONDITIONS:				
 I. Performance: System shall perform in a II. Monitoring: As required by Rule .1961 	ccordance with Rule .1961.			
III. Maintenance: As required by Rule .196				
If yes, see attached sheet	r required? Yes 🗆 No 🥱 for additional operation conditions, m	aintenance and reporting.		
IV. Operation:				
V. Other:				- 10
Following are the specifications for the sewage dis	posal system on the above captioned	property.		
Type of system: Conventional Subsurface No. of		(Size of tank: Septic Tank:		200 gallons
Drainage Field ditches 2	exact length of each ditch 7.5	width of	depth of ditches	8 2 4 inches
French Drain Required:	Linear feet			
Authorized State Agent	LANS	Date /	0.01-07	
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