HTE# 07-50517572

Harnett County Department of Public Health 19419

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PERMIT	#	24	188	

PERMIT # 29188	Operation Permit	
	New Installation Septic Tank Repair Nitrification	on Line Expansion
	PROPERTY LOCATION: 1225	
Name: (owner) DACIALLIN Home? System Installer: 0.570.61212	SUBDIVISION (Knower h-)	LOT # <u>34</u>
System Installer 1 STR. CK (2)	SUBDIVISION Strong h-)\ Registration #	
Basement with plumbing: Garage Number of Bedrooms		
Type of Water Supply: Community Public Well	Distance from well feet	
System Type: $9.2-400$	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 General St	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Con	struction Authorization
This specifi has been histaired in compliance with applicable north caronia benefal se	actives, notes for seringe frequencing and one continuous of the improvement verific and each	
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PERMIT CONDITIONS:	10/1	1
I. Performance: System shall perform in accordance with Rule II. Monitoring: As required by Rule .1961.	2 .1961.	
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes		Miles
If yes, see attached sheet for additional oper	ration conditions, maintenance and reporting.	
IV. Operation:		
V. Other:	1	
Following are the specifications for the sewage-disposal system on the	ne above captioned property.	
Type of system: Conventional Other C.2 (1)	Size of tank: Septic Tank: \\ \sigma > 2 \\ gallons Pump Ta	nk: gallons
Subsurface No. of exact ler	ngth width of depth o	I V
	ditch feet ditches feet ditches	inches
French Drain Required: Linear feet		1
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Authorized State Agent v	Date 08, 29.07	