HTE# 07-50018313	Harnett County Department of Public Health	19898
PERMIT # 24294	Operation Permit	
12 10:	New Installation Septic Tank Repair Depair Property Location:	Nitrification Line Expansion
Name: (owner) Kentlica		LOT # <u>\8</u>
	Number of Bedrooms 3	
Type of Water Supply: 🗆 Community 🔀	Public Well Distance from well So feet	
System Type: Ymy 7- Inf. 1- (In accordance with Table V a)	tracture Quele 4 Hts Types V and VI Systems expire in 5 years.	
(iii accordance with rame v a)	Owner must contact Health Department 6 months prior to expiration	in for permit renewal.
This system has been installed in compliance with applicable	le North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement	Permit and Construction Authorization.
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PERMIT CONDITIONS:		
I. Performance: System shall perform in a II. Monitoring: As required by Rule . 1961	accordance with Rule .1961.	
III. Maintenance: As required by Rule .1961		
	or required? Yes 🗆 No 😸	
IV. Operation:	for additional operation conditions, maintenance and reporting.	
V. Other: NOTE DEPEND	15 To be A Spring Near ST. OPT may be desci	& Tak hele water
Following are the specifications for the sewage dis	sposal system on the above cantinged property	-
Type of system: 🗆 Conventional 🦰 Other	er Ving to Quick I Size of tank: Septic Tank: 1000 gallons	Pump Tank: 1003 gallons
Subsurface No. of Drainage Field ditches	exact length width of	depth of
French Drain Required:	of each ditch $\sqrt{8}$ p feet ditches feet feet	ditches inches
Authorized State Asset	A/1 = 7 =	204
Authorized State Agent	Date 07-10	F 0 7