HTE# 08-5	- 2047 Harnett County Department of Public Health 20292	
PERMIT # <u>248</u>		
	New Installation 🖂 Septic Tank 🗀 Repair 🖾 Nitrification Line 🗀 Exp	ansion
/ \ <b>~</b>	PROPERTY LOCATION: SR 1437 Ballond RD	
Name: (owner)	Subdivision Reversion # 101 # 5	
Basement with plumb	Genes Brolling Gleve Concoll Registration #	
Type of Water Supply	r:  Community  Public  Well Distance from well feet	
System Type: 25% (In accordance with T	Types V and VI Systems expire in 5 years.  Towner must contact Health Department 6 months prior to expiration for permit renewal.	
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This system has been instal	Illed in compliance with applicable 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:	CINTISTICE ;	<del></del>
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring: III. Maintenance:	As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
w ^ -	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
Following are the speci	ifications for the sewage disposal system on the above captioned property.	
Type of system:		gallons
Subsurface Drainage Field	No. of exact length $70$ width of depth of ditches 3 feet ditches 26" inch	•
French Drain Required:	Teet dicties interior	es
	C. AM I fairs	
Authorized State Ag	gent James C / Awhant Date 9-4-08	