HTE# <u>07</u> 5	Do-31487 Harnett County Department of Public Health 2073	4
PERMIT # 🔍	5 231 Operation Permit	
	New Installation → Septic Tank □ Repair ⋈ Nitrification Line □	Expansion
	PROPERTY LOCATION; 1213	F
Name: (owner) _		57
•	Registration #	
Basement with plum Type of Water Supp	nbing: Garage Number of Bedrooms Y ply: Community Public Well Distance from well Feet	
System Type:		
(In accordance with	Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been ins	stalled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorizat	ion.
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	water Line	1
PERMIT CONDITIONS:		
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring:	As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
Following are the sac	ecifications for the sewage disposal system on the above captioned property.	
Type of system:		gallons
Subsurface	No. of exact length width of depth of	ganons
Drainage Field	ditches of each ditch feet ditches feet ditches	inches
French Drain Required	d:Linear feet	
Authorized State A	Arrant \mathcal{L}	
Authorized State A	Agent Date /- O / O	