HTE# 09-500-216701	Harnett County De	partment of Public	Health	20760
PERMIT # 2355Y	<u>Ope</u>	eration Permit		
	New In:	stallation P Septic Tank ERTY LOCATION: 1/25	Repair Mitrificat	ion Line 🔲 Expansion
Name: (owner)	PROPE	ERTY LOCATION: 1\2		•
System Installer: 0-1700000		DIVISION FORM (Dak)	LOT # <u>_</u> l <u>a[</u>
	Number of Bedrooms 3	Registration #		
Type of Water Supply: 🗌 Community 📿		well feet		
System Type: $\underbrace{C \cdot 2}_{F(ov)}$ (In accordance with Table V a)	44 X	Types V and VI Systems expire	in 5 years.	
,		ontact Health Department 6 months p		
This system has been installed in compliance with applicab	e North Carolina General Statutes, Rules for Sewa	ge Treatment and Disposal, and all conditions	of the Improvement Permit and Con	struction Authorization.
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PERMIT CONDITIONS:				
	accordance with Rule .1961.			
II. Monitoring: As required by Rule .196	il.			
III. Maintenance: As required by Rule .190	·I. Other: or required? Yes 🗆 No 🗔			
If yes, see attached shee	t for additional operation conditions, m	aintenance and reporting.		
IV. Operation:				
Y. Other:				
Following are the specifications for the sewage d Type of system: Conventional Oth		oroperty. Septic Tank: _\^		
Subsurface No. of	exact length	Septic Tank: 100	gallons Pump Tank depth of	_
Drainage Field ditches French Drain Required:	of each ditch \\ \X \geq	feet ditches3	feet ditches	8.24 inches
richen brant negulieu.	_ Linear feet			
Authorized State Agent	(JAC)	Date	07-09-0	9