		22	54	3
HTE# <u>09-</u>	5-	252	73	

HTE#09-5- 22573	Harnett County Department of Public Health	21044
PERMIT # 25422	Operation Permit	/
Name: (owner) Colby + (ywr	✓ New Installation ✓ Septic Tank ☐ Repair ✓ PROPERTY LOCATION: SA 1412 Charter	Nitrification Line  Expansio
System Installer: Colby Cont	gd Registration #	LOT #
Basement with plumbing: 🗆 🗡 Garage 🗹	Number of Bedrooms 4	
System Type: 250% REDUCTUN System	Public Well Distance from well feet  (Accepted) Type III G F72 Lay 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	n for permit renewal.
This system has been installed in compliance with applicat	le North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement	Permit and Construction Authorization.
¥7-30-10	MC 10 OHPIL	
For Fire.	\$ \\ \tag{2} \\ 2	Hoysten Frotauro
E STO	40年	,
	3	
□ <b>8</b> ′		
570 EX WIL-	4/K 85 5FD B	
W/L'		
8-19-10-	56 7 30 >	
WIL+ PIL		
INSTALLED.		
	D A I R I Y I W	
	50 EST 125	
PERMIT CONDITIONS:	d 25	
	accordance with Rule .1961.	
II. Monitoring: As required by Rule .19 III. Maintenance: As required by Rule .19		
	tor required? Yes 🗆 No 🗆	
IV. Operation:	et for additional operation conditions, maintenance and reporting.	
Y. Other:		
Following are the specifications for the sewage of	isposal system on the above captioned property. 1200	
Type of system:  Conventional  Otl	ner <u>EZUMY 25% REDOVERS</u> Septic Tank: ASS gallons	Pump Tank: gallons
Drainage Field ditches 4	exact length width of of each ditch 90 feet ditches 3 feet	depth of ditches 24-3/8 inches
French Drain Required:	Linear feet	mones

Manhanteness Authorized State Agent

8-19-10 Date \_