HTE#09-5-23352

## Harnett County Department of Public Health

21267

PERMIT # 25790

Operation Permit

7	New Installation 🖂 Septic Tank 🗆 Repair 🔀 Nitrification Line 🗀 Ex	xpansion
	PROPERTY LOCATION: Tower De	
Name: (owner) D. Marsy Constenction		3
System Installer: Laray SHARPE	Registration #	
Basement with plumbing: Garage Number of Bedrooms	3	
	Distance from well 100 feet	
	Types V and VI Systems expire in 5 years.	
(iii accordance mui fanc 4 a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Carolina General Statut	tes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	7-7-1
DONA - 2 AND MARINA BY	DES OR	
PERMIT CONDITIONS:	WES OX	
I. Performance: System shall perform in accordance with Rule .19 II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:  Subsurface system operator required? Yes \( \subseteq \) No If yes, see attached sheet for additional operation	<b>X</b>	
IV. Operation:		
V. Other:		
Following are the specifications for the sewage disposal system on the abo	ove captioned property.	
Type of system: Conventional Other Ties Chip:		gallons
Subsurface No. of exact length	width of depth of	-
of each ditch	150 feet ditches $3$ feet ditches $18-24$ incl	hes
French Drain Required: Lingar feet		77
Authorized Court According	115	
Authorized State Agent Month	Date 2 35 10	