HTE# 10-5-24062

Harnett County Department of Public Health

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|--|--|---|---|
| PERMIT # 26 | 027 | Operation Permit | 21632 |
| | | New Installation 🗷 Septic Tank 🗵 Nit | trification line Renair Fynansia |
| | | PROPERTY LOCATION: PORDERDSA T | inall |
| | M+P PARTHERS | SUBDIVISION CAROLINA SEA | 50N5 LOT # 41 |
| | TED BROWN | Registration # | |
| Basement with plun | | | |
| System Type: | ny. a community by rubit | Well Distance from well 100 feet Types V and VI Systems expire in 5 y | 100% |
| (In accordance with | Table V a) | Owner must contact Health Department 6 months prior to | expiration for permit renewal. |
| This system has been inc | talled in compliance with applicable March Carellan Co. | | • |
| Special III. | tanco in compitance with applicable north carblina del | neral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the In | nprovement Permit and Construction Authorization. |
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| | | 300 NC FLOWERS | |
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| PERMIT CONDITIONS: I. Performance: | Contrar aballia of | | |
| II. Monitoring: | System shall perform in accordance with As required by Rule .1961. | Rule .1961. | |
| III. Maintenance: | As required by Rule .1961. Other: | | |
| | Subsurface system operator required? Yes | □ NoX | |
| IV. Operation: | If yes, see attached sheet for additional o | peration conditions, maintenance and reporting. | |
| iv. Operation. | | | |
| V. Other: | | | |
| □ | D-Box 🗆 Pun | np 🗆 Alorm 🗆 | H20Line PWR Line |
| Following are the spec | ifications for the sewage disposal system on | the above captioned property | rwk Line |
| lype of system: 🔲 | Conventional Other Pome 10 | | gallons Pump Tank: 1000 gallons |
| Subsurface | | length width of | depth of |
| Drainage Field French Drain Required: | ditches of eac | th ditch 120 feet ditches 2 | feet ditches 24 inches |
| - Tun Acquires. | The mean less | | |
| Authorized State Ag | sent W MIN | ec=NS Date 9 | $\sim 1/\sim$ |
| The state of | | PECHS Date 91 | 21/10 |