HTE#_/0-5-3	Harnett County Department of Public Health
PERMIT # <u>25</u>	Operation Permit 21801
	New Installation Septic Tank Nitrification Line Repair Fypansion
Name: (owner) _	PROPERTY LOCATION: 1/19en Ld.
System Installer:	101 # 70 G
Basement with plum	
Type of Water Suppl	y: Community Public Well Distance from well feet
System Type: (In accordance with	The state of the s
(iii accordance with	Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been inst	alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	259-Red Repair Avea
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	Abron Ct.
PERMIT CONDITIONS:	
I. Performance: II. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.
III. Maintenance:	As required by Rule .1961. Other:
	Subsurface system operator required? Yes 🗆 No 🗹
IV O d	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	
V. Other:	
Following are the spec	ifications for the sewage disposal system on the above captioned property.
Type of system: \square	Conventional Other EZ Flow Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface Drainage Field	No. of exact length width of depth of
French Drain Required:	arches leet ditches leet ditches leet ditches leet ditches
Authorized State Ag	rent 2 mg Marie (6/19/2010