HTE#_10-5-24370	Harnett County Department of Public Hea	alth
PERMIT # 25-987	Operation Permit	21802
	New Installation Septic Tank Nit	rification Line 🗆 Repair 🗀 Expansion
Name: (owner) 5 tanc. 1 B System Installer: 5 tanc. 1 B	/ \	LOT # 157
-	Number of Bedrooms 3	
Type of Water Supply: Community	Public Well Distance from well feet	
System Type:	Types V and VI Systems expire in 5 y	
(iii accordance with rable r a)	Owner must contact Health Department 6 months prior to	expiration for permit renewal.
This system has been installed in compliance with applicable	e North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the In	nprovement Permit and Construction Authorization.
PERMIT CONDITIONS:	Abran Ct.	<u>∠ 10'</u>
	accordance with Rule .1961.	
II. Monitoring: As required by Rule .196 III. Maintenance: As required by Rule .196		
-,	or required? Yes No	
	t for additional operation conditions, maintenance and reporting.	
Y. Other:		
□ D-Box □	Pump 🗆Alarm 🖂	H20Line PWR Line
Following are the specifications for the sewage di	isposal system on the above captioned property.	
Type of system: Conventional Other Subsurface No. of	er $EZFlow$ Septic Tank: 1600 exact length width of	gallons Pump Tank: gallons
Drainage Field ditches	of each ditch 150 feet ditches 3	depth of $30-26$ inches
French Drain Required:	_ Linear feet	

Date _

Authorized State Agent