HTE# 10-5-24391

## Harnett County Department of Public Health

| PERMIT # 26218   |   | Operation Pe                            | <u>rmit</u>                                      |                            | 21893                 |
|--|---|---|--|----------------------------|-----------------------|
|  |   | 🛚 New Installation 🔀                    |  | ification Line $\square$   | Repair   Expansion    |
|  |   |   | : TIMBENRO                                       |                            | , —                   |
| Name: (owner) PQ C   | DATERCTING  | SUBDIVISION                             | THEEN PLACE                                      |                            | LOT # _76             |
| System Installer: Lean   |   | Registration #                          |  |                            |                       |
| Basement with plumbing:  | Garage Number of Bedrooms   | 3°                                      |  |                            |                       |
| Type of Water Supply:   Commu  |   | Distance from well 100                  | feet   |                            |                       |
| System Type:   | 5   | * -                                     | and VI Systems expire in 5 yes                   |                            |                       |
| (In accordance with Table V a)   |   | Owner must contact Health De            | partment 6 months prior to e                     | expiration for permit r    | enewal.               |
| This system has been installed in compliance                           | e with applicable North Carolina General Statu  | ites. Rules for Sewage Treatment and Di | sposal and all conditions of the Imr             | provement Permit and Const | ruction Authorization |
|  |   |   |  | or or entire and consu     | action Authorization. |
|  |   |   | REPULTION REPAIR MILLA  ST XLLTY RANTIGO REA  36 | , 18.8.                    |                       |
| II. Monitoring: As required III. Maintenance: As required Subsurface s | Il perform in accordance with Rule .1<br>by Rule .1961.<br>by Rule .1961. Other:<br>system operator required? Yes ☐ No<br>attached sheet for additional operation | ×                                       | reporting.                                       |                            |                       |
| IV. Operation:   |   | ,                                       |  |                            | ····                  |
| V. Other:  |   |   |  |                            |                       |
| □ D-Box  | □ Pump f  | □ Alarm                                 | . 🗆  | H20Line □                  | PWR Lin               |
| Following are the specifications for                                   | the sewage disposal system on the a   |   | ***************************************          |                            |                       |
| Type of system: $\square$ Conventional                                 |   |   | Septic Tank: 1000                                | _ gallons Pump Tank:       | gallons               |
| Subsurface No. of  | exact length  |   | width of   | depth of                   | •                     |
| 0  | of each ditc  | h <u>GO</u> feet                        | ditches <u>3</u>                                 | feet ditches               | <u>24−3∂</u> inches   |
| French Drain Required:   | Linear feet   |   |  |                            |                       |
| Authorized State Agent   |   | REH3                                    | Date 2   | July                       |                       |