HTE# 10-5-24751

## Harnett County Department of Public Health

PERMIT # <u>26205</u>	Operation Permit	21615
		Nitrification Line  Repair  Expansion
	PROPERTY LOCATION: DLQ 174	EDe
Name: (owner) MSR Constaller: OTIS STRICE	2UCTION SUBDIVISION THE SUM 22AND Registration #	LOT # <u>8</u>
System Installer: OTIS STRICK	Registration #	
	ber of Bedrooms	
Type of Water Supply: ☐ Community ☒ Publ System Type: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		anta da F
(In accordance with Table V a)	Types V and VI Systems ex Owner must contact Health Department 6 montl	
,	onno mass contact neutri peparanene o mona	no prior to expression for permit renewal.
This system has been installed in compliance with applicable North	n Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditi	tions of the Improvement Permit and Construction Authorization.
PERMIT CONDITIONS:	COMENT.  REPAIR  AVEA  OR  YE  139	
<ol> <li>Performance: System shall perform in according: As required by Rule .1961.</li> <li>Maintenance: As required by Rule .1961. On the state of the</li></ol>		
Subsurface system operator re	quired? Yes 🗆 No 🔀	
	additional operation conditions, maintenance and reporting.	
Y. Other:		
	Pump 🗆 Alarm 🗆	H20Line 🗆 PWR Line
Following are the specifications for the sewage disposa	system on the above captioned property.	000
Subsurface No. of	avact langthidsk .f	gallons Pump Tank: gallons
Drainage Field ditches 🗘	of each ditch 50 feet ditches	depth of dep
French Drain Required: Lin	ear ter unities	nicites occ micites
Authorized State Agent		Date 9 7 1 0