	*			
HTE# 10-5:	Harnett	County Department of	f Public Health	
PERMIT #		Operation Permi		22207
	<del></del>		tic Tank 💢 Nitrification Line	•
		PROPERTY LOCATION:	NC9JM,	·
Name: (owner) _	WYMA COMSTRUCTION	SUBDIVISION Time		LOT # <u>103</u>
	THORTONS PLUMBIN			
Basement with pluml Type of Water Suppl	ing: □ Garage 🔀 Number of Bedroo r: □ Community 🔀 Public □ We		feet	
System Type:	d III	Types V and VI	Systems expire in 5 years.	
(In accordance with	Table V a)	Owner must contact Health Departme	ent 6 months prior to expiration for p	ermit renewal.
This system has been insta	lled in compliance with applicable North Carolina General	l Statutes, Rules for Sewage Treatment and Disposal.	and all conditions of the Improvement Permit a	nd Construction Authorization
		177	and an condition of the improvement retinic to	to construction Activitization.
PERMIT CONDITIONS:	22.76	HOUSE  FOLD OF	MATER NE	
I. Performance:	System shall perform in accordance with Ru	ıle .1961.		
II. Monitoring:	Monitoring: As required by Rule .1961.			
III. Maintenance:	As required by Rule .1961. Other:			
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.			
V. Other:				
	D-Box 🗆 Pump	o 🗆 Alarm 🗖	H20Line □	PWR Lin

French Drain Required:

No. of

ditches

Subsurface

Drainage Field

Authorized State Agent

exact length

of each ditch 225

Date

depth of

ditches -  $\frac{18}{2}$ 

Septic Tank: 1000 gallons Pump Tank: 1600

feet

width of

ditches \_

**PWR Line** 

\_\_\_\_ inches