HTE# 10 5-	<u>2480</u> 8	Harnett County 1	Department of Pu	iblic Health	
PERMIT # 2606	<u> 3_</u>	/0	peration Permit		21709
		☑ New	Installation 🗹 Septic Ta		e 🗆 Repair 🗆 Expansion
Name: (owner)	Tish Broth	es INC	OPERTY LOCATION: <u>Sa.149</u> SUBDIVISION <u>STETS</u> Registration #		LOT #
Basement with plumbin	ıg: □ Garage ☑ Ñu □ Community ☑ Pu	ımber of Bedrooms <u>3</u> ıblic □ Well Distance f	rom well feet		
Type of Water Supply: System Type:	HAS TO US WAR	BINEROW Type III	Types V and VI System		
(In accordance with Tal	ble V a)	UAY Nowner mi	ist contact Health Department 6 i	months prior to expiration for	permit renewał.
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.					
* NEGDS TO	2-7-10	—	1+ P/L	- * FUII 51	ORAGE ON
* 2° pressu	reHead	10 0 00 PO	60'	PRINTI	vitres.
*Pomp +1	Alarn	0 10 zz	25% RED Repain AREA,	+ suste	- INSTALLED
·	_	513	Repain	Diffe	- INSTANCED with From it to ANDES STEPDONNS.
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Poro + Al	itm-		••	7	5754000XX5
INSPECTE	3)			## ** ** ** ** ** ** ** ** ** ** ** ** *	
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Pumpt Al Inspection ON I	MULA	3		\(\frac{1}{3}\)	
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		5+	en DEI-6		
		Section of the sectio	ner entercomment and annual annual survey un enterminent production of the description of the enterior party o		
		17' 45' SF	0 G M		
			67		
			36 4		
		**************************************	1 1 1	unt prominent and the	
PERMIT CONDITIONS:		MOON	Light DIEUE		
I. Performance:	System shall perform in ac			•	
II. Monitoring: III. Maintenance:	As required by Rule .1961 As required by Rule .1961				
	Subsurface system operator	required? Yes 🗆 No 🗀			
IV. Operation:	If yes, see attached sheet	for additional operation condition	ons, maintenance and reporting.		
•					
V. Other:	D Pay	Pump □	Alarm 🗆	H20Line D	
Following are the speci	D-Box	Pump posal system on the above capt		TIZULINE L	
Type of system:	Conventional 🗹 Other	25% NEDVOTON 5	Septic Tan		mp Tank: 1000 gallons
Subsurface Drainage Field	No. of ditches 3	exact length of each ditch	feet ditches	7	epth of itches <u> </u>
French Drain Required:		Linear feet		icci u	indica
5 Maha Josephs					
Authorized State Ag	(ent) ene	(/ AMA)	et -	Date	

Authorized State Agent