HTE# <u>10-5-</u> 2	4885	Harnett County Department of Public Health	
PERMIT # 2625	<u>2</u>)	Operation Permit	21783
		🛛 New Installation 🖾 Septic Tank 💢 Nitrification Lin	e 🗆 Repair 🗆 Expansion
Name: (owner)	BILL CLAR	PROPERTY LOCATION: WILL LUCAS KD	LOT # 52
	JONES SEA		LUI # <u>~ ~</u>
Basement with plumbi	ing: 🗆 🛛 Garage 🕅	Number of Bedrooms	
Type of Water Supply: System Type:	:∐Community Ҳ <u>⊐</u> Ъ	Public 🗆 Well Distance from well <u>POO</u> feet Types V and VI Systems expire in 5 years.	
(In accordance with Ta		Owner must contact Health Department 6 months prior to expiration for	permit renewal.
This system has been instal	led in compliance with applicable	e North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit	and Construction Authorization.
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		30 DRAINAGE	
	··· •	TEASEMENT	
		35 15 SGTBACK	
		CONVENTIONAL	
		I REPAIR	
		L AREA	
		9)' 3' '	
•*	ye r	Ti Feario	
		59'x34'	
		e la	
		CARLE ONLE COULT	
		CAROLINA OHKS CIECLE	
PERMIT CONDITIONS:			
I. Performance: II. Monitoring:	System shall perform in As required by Rule .196	accordance with Rule .1961. 61.	
III. Maintenance:	As required by Rule .196	61. Other:	
		tor required? Yes 🗆 No 🗀 et for additional operation conditions, maintenance and reporting.	
IV. Operation:	Il yes, see allacines since	t for aunitional operation continuous, maintenance and reporting.	
V. Other:			
_ _ _	D-Box 🗆	Pump 🗆Alarm 🗆H20Line 🗆	PWR Line
	ifications for the sewage d	isposal system on the above captioned property.	
Type of system: 💢 Subsurface	Conventional 🗆 Oth No. of	0	np Tank: gallons epth of
Drainage Field	ditches	of each ditch <u>270</u> feet ditches <u>3</u> feet di	tches <u>18-22</u> inches
French Drain Required:	A TH	Linear teet	
Authorized State Ag	vent W	Date 11/15/10	
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