HTE#<u>10-5-24935</u>

## Harnett County Department of Public Health

Septic Tank   New Installation   Septic Tank   Nitrification Line   Repair   Expansion   PROPERTY LOCATION:   Name: (owner)		, ,	<del></del>
Name: (owner)   Name: (owner	PERMIT # 262	Operation Permit	21754
Name: (owner)   Name: (owner			
Name: (women)   Name: (women)		New installation La Septic lank A Nitrification Line   1	Kepair 🗀 Expansion
System Installer:			
System Installer:	Name: (owner) _	WYMM CONSTRUCTION INC SUBDIVISION TIMEEN POINTE	LOT # 102
Basement with plumbing Garage Type of Water Supply: Gommunity Public Well Distance from well Operations Types V and VI Systems expire in 5 years.    Owner must contact Health Department 6 months prior to expiration for permit renewal.	System Installer:		
Type of Water Supply: Gommunity Public Well Distance from well System Vigor Type: Types V and VI Systems expire in 5 years.  Owner must contact Health Department 6 months prior to expiration for permit renewal.  This system has been installed in compliance with applicable Merit Carolina General Statutes, fulles for Swage Treatment and Biopeaul, and all conditions of the Improvement Permit and Construction Authoritation.  PERMIT CONDITIONS:  L Performance:  Monitoring:  Monitoring:  Monitoring:  K Taintenance:  As required by Rule . 1961. Other:  Subsurface System shall perform in accordance with Rule . 1961.  As required by Rule . 1961. Other:  Subsurface System operator required? Tes G Na-X  If yes, see attached sheet for additional operation conditions, maintenance and reporting.	•		
System type:  (In accordance with Table V a)  Owner must contact Health Department 6 months prior to expiration for permit renewal.  This system has been installed in compliance with applicable North Carolina General Statutes, finite for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Contraction Authorization.  PERMIT CONDITIONS:  REFINIX CONDITIONS:  Performance:  System shall perform in accordance with Rule 1961.  Monitoring:  As required by Rule 1961. Other:  Substraction Supplementary required? Yes:  No Operation:  No Operation:			
(In accordance with Table V a)  Owner must contact Health Department 6 months prior to expiration for permit renewal.  This system has been installed in compliance with applicable North Cardina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.  175  PERMIT CONDITIONS:  REFANCE CALLE  System shall perform in accordance with Rule 1961.  As required by Rule 1961 Other:  Substracts system operator required? Yes   No.    If yes, see attached sheet for additional operation conditions, maintenance and reporting.			
PERMIT CONDITIONS:    Performance:		j j jeurs.	
PERMIT CONDITIONS:    Performance:   Reduction   VE   Repairs and an approximate   VE   Repairs and an approximate   VE   Repairs and an approximate   VE   VE   VE   VE   VE   VE   VE   V	(in accordance with	owner must contact health bepartment o months prior to expiration for permit rer	iewal.
PERMIT CONDITIONS:    Performance:   Reduction   VE   Repairs and an approximate   VE   Repairs and an approximate   VE   Repairs and an approximate   VE   VE   VE   VE   VE   VE   VE   V	This system has been inch	Wed in compliance with an World Mant Coulin Court of Cour	
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PERMIT CONDITIONS:    Performance:			
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V. Operation:			
	V. Operation:	, and reporting.	
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/ Uther	l. Other:		
	i. other.		W-11-11-11-11-11-11-11-11-11-11-11-11-11
□ D-Box □ Pump □ Alarm □ H20Line □ PWR Lin		D-Box 🗆 Pump 🗆 Alarm 🗅 H20Line 🗆	PWR Line
ollowing are the specifications for the sewage disposal system on the above captioned property.	ollowing are the speci		
8	• •		gallons
Desired City Co. L.		ucpti of ucpti of	,
Orainage Field ditches 4 of each ditch 60 feet ditches 3 feet ditches 19 inches		or each ditch 60 feet ditches 5 feet ditches 19	inches
rench Drain Required:  Linear feet  Linear feet  Linear feet	rench brain Kequired:	Theat feel	