HTE# 10-9	5-24942
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DEDMIT	44	26228

Authorized State Agent_

HTE# 10-5-2	Harnett County Department of Public Health	
PERMIT # <u>2623</u>	217	96
	New Installation X Septic Tank X Nitrification Line Acpair PROPERTY LOCATION: March X	☐ Expansion
Name: (owner)		# 39
System Installer:	THORTONS PLUMBING Registration #	
Basement with plumb	oing: Garage X Number of Bedrooms	
	y: Community Public Well Distance from well 100 feet	
System Type: (In accordance with T		
(iii accordance with i	owner must contact nearth bepartment o months prior to expiration for permit renewal.	
This system has been instal	illed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Auth	orization.
	MARKER D 193' DEBROOM REPAIR ARCA TOE TOE TOE TOE TOE TOE TOE TO	
PERMIT CONDITIONS: . Performance: I. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.	
II. Maintenance:	As required by Rule .1961. Other:	_
	Subsurface system operator required? Yes 🗆 No 🔀	
V. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
l. Other:		
	D-Box	 PWR Line
ollowing are the speci	cifications for the sewage disposal system on the above captioned property.	- 1111 MIIIO
	Conventional K Other E2 Flow Septic Tank: 1000 gallons Pump Tank:	gallons
ubsurface	No. of exact length width of depth of	
Orainage Field	ditches of each ditch feet ditches feet ditches ditches feet ditches feet ditches feet feet	5 inches
rench Drain Required:	timear feet	

Date 12/6/10