HTE#	١	0	5-	251	٩	3	12
1111277	•	\sim	_	~		_	

Harnett County Department of Public Health

PERMIT # 2628	<u> </u>	Operation P	<u>Permit</u>		21891
		New Installation 🗵	🕽 Septic Tank 😾 Nit	trification Line 🗆	
		PROPERTY LOCATION	NI: Hmy 510		***************************************
	PART ROBINSON HOME		SWEN OAKS	,	LOT # <u>55</u>
System Installer: Basement with plumbi	OTIS STOLICKLAND ing: Garage Number of Bedroom		#		
Type of Water Supply:			feet		
System Type:	III c	Types V	and VI Systems expire in 5		
(In accordance with Ta	able V a)	Owner must contact Health I	Department 6 months prior to	expiration for permit r	renewal.
This system has been install	led in compliance with applicable North Carolina General !	tatutes, Rules for Sewage Treatment and	Disposal, and all conditions of the la	mprovement Permit and Const	ruction Authorization.
PERMIT CONDITIONS:	REPAIN AREA AREA VALOU	a oa			TACTICALOR
I. Performance:	System shall perform in accordance with Rule	.1961.			
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:				
	Subsurface system operator required? Yes				
IV. Operation:	If yes, see attached sheet for additional oper	ation conditions, maintenance an	d reporting.		
•					
V. Other:	D. Pay D. D.	T Al.	🗖	11001:	DWD I
	D-Box Pump ifications for the sewage disposal system on th	Alar	'm ⊔	H20Line 🗆	PWR Line
Type of system:			Septic Tank: <u>1000</u>	gallons Pump Tank:	gallons
Subsurface	No. of exact len	gth	width of 3	depth of	-
Drainage Field French Drain Required:		litch 225 feet	ditches	feet ditches	18 inches
	All HAM				
Authorized State Ag	ent W MM	REHS	Date	2/9/11	