HTE# 10-5-25306

Harnett County Department of Public Health

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PERMIT # 262	97	<u>Operation</u>	Permit	<i>d</i>	21851	
****			Septic Tank 🕱 Nit	trification Line 🗆	Repair Expansion	
			101: McDoverio			
Name: (owner)	WYNN CONS-		SUMMER HILL			
System Installer:		-umainG Registration				
Basement with plumb	bing: 🗆 🛮 Garage 🂢 N	imber of Bedrooms 3				
Type of Water Supply	y: 🗆 Community 💢 P	iblic Well Distance from well 100				
System Type:	Table V al		V and VI Systems expire in 5 y			
(In accordance with 1	Table v aj	Owner Must contact nearth	Department 6 months prior to	expiration for permit re	newal.	
This system has been insta	alled in compliance with applicable N	orth Carolina General Statutes, Rules for Sewage Treatment ar	nd Disposal, and all conditions of the I	mprovement Permit and Constru	uction Authorization.	
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		PRODUCTION OF THE PRODUCTION O	\			
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		1 25% REDUCTION	<i>i</i> \			
		REPAIR AREA				
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		OAK LEAF OR	NC			
PERMIT CONDITIONS:	Control shall assigned in a	F				
I. Performance:II. Monitoring:	As required by Rule .1961	System shall perform in accordance with Rule .1961.				
III. Maintenance:	As required by Rule .1961					
110000000000000000000000000000000000000	Subsurface system operator	required? Yes No				
	If yes, see attached sheet	or additional operation conditions, maintenance	and reporting.			
IV. Operation:		·				
V. Other:	 					
			larm 🗆	H20Line 🗆	PWR Line	
		osal system on the above captioned property.				
Type of system: Subsurface	Conventional 💆 Other	EZ FLOW	Septic Tank: 1600 width of	gallons Pump Tank:	gallons	
Drainage Field	no. or ditchesl	exact length of each ditch <u>ろの</u> feet	wiath of ditches 3	depth of	18 inches	
French Drain Required		Linear feet	ununus		THE HEALTH	
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