HTE# 17-5-2684	#11-5	2684	3
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## Harnett County Department of Public Health

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PERMIT # 26388	Operation Permit 2192	28
	💢 New Installation 🗵 Septic Tank 🕱 Nitrification Line 🗆 Repair 🗆	] Expansion
	PROPERTY LOCATION: Docs Ro	
Name: (owner)		_4
System Installer: THOREON'S PLUMBI	J	
Basement with plumbing: Garage Number of B	<u> </u>	
Type of Water Supply:   Community   Public   System Type:   Description:	Well Distance from well <u>VOO</u> feet Types V and VI Systems expire in 5 years.	
(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 Newto Caroline	Consul Contrary Dules for Course Transmiss and Discoul, and all analysis of the house of the boundary of the b	
ins system has been histaired in comphance with applicable north Caronia	Seneral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authoriza	ition.
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DEDMIT CONDITIONS.		
PERMIT CONDITIONS:  I. Performance: System shall perform in accordance w	th Rule .1961.	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required?	res □ No-⊠ al operation conditions, maintenance and reporting.	
IV. Operation:	in operation conditions, maintenance and reporting.	
	EVED WIN 10' OF THE TAUK	
	Pump 🗆Alarm 🗆 H20Line 🗆	PWR Line
Following are the specifications for the sewage disposal system		
Type of system: ☐ Conventional 🗷 Other 🗁 Zobsurface No. of ex	From Septic Tank: 1000 gallons Pump Tank: act length width of depth of	gallons
Drainage Field ditches	each ditch <u>250</u> feet ditches <u>3</u> feet ditches <u>18 24</u>	inches
French Drain Required:		
	11	
Authorized State Agent	Mate 3 Dx 1	