HTE# //-5	26.229 Harnett County Department of Public Health	
PERMIT # 264	· • · • · • · • · • · • · • · • · • · •	22080
,	New Installation 🗹 Septic Tank 🗹 Nitrification Line 🗆	Repair   Expansion
Name: (owner)	STANCE pretty Subdivision Andre PT	LOT # <u>3</u> 6
System Installer: _	5 Three Builden Registration #	
Basement with plumbi Type of Water Supply:		
System Type: 25%	CEINCRON TYSTE - TYPO III C EVERY 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 North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.		
	io of by	
1		
:		
	Part	
	25 %	
	15'	
	24	
	122	
	6 SF SET ROAD BCD	
	OID TREASURE THE TIME	
	197	
	ONFORDHIRE DREVE	
PERMIT CONDITIONS:		
I. Performance: II. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
	Subsurface system operator required? Yes \( \subseteq \text{No } \subseteq \)	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
·		
V. Other:		
Eallowing are the speci	D-BoxPumpAlarmH20Line	PWR Line
	ifications for the sewage disposal system on the above captioned property. Conventional     Other <u>25% パイカいの</u> gallons Pump Tank	:: gallons
Subsurface	No. of exact length width of depth of	
Drainage Field French Drain Required:		29 inches
	GALL MARAS	
Authorized State Ag	ent ares Date 11-10-1	