HTE# 11-5-26443

Harnett County Department of Public Health

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PERMIT # 2 63 45	Operation Permit	21849
-	New Installation Septic Tank	Nitrification Line Repair Expansion
	PROPERTY LOCATION: Marks R	
Name: (owner)	SUBDIVISION Copper Form	
	Registration #	E01 11
Basement with plumbing: Garage W Number of Bed		•
	Well Distance from well feet	
System Type:	Types V and VI Systems expire	in 5 years.
(In accordance with Table V a)	Owner must contact Health Department 6 months pr	•
This system has been installed in compliance with applicable North Carolina Ger	eral Statutes, Rules for Sewage Treatment and Disposal, and all conditions o	of the Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS:	The only har	
I. Performance: System shall perform in accordance with	Rule .1961.	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Ye		
•	operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
□ D-Box □ Po	ımp 🗆Alarm 🗖	H20Line 🗆 PWR Line
Following are the specifications for the sewage disposal system of Type of system: Conventional Other ES F		gallons Pump Tank: gallons
Subsurface No of avai	t langth width of	المسلم المسلم
Drainage Field ditches of e	ach ditch <u>180</u> feet ditches <u>3</u>	feet ditches 24-30 inches
French Drain Required: Linear feet		
1	0 15	//
Authorized State Agent Lugar Music	RED Date	e 6/20/2011