HTE# 1/-5-2	. ५५८० Harnett Cou	nty Department of P	ublic Health	
PERMIT # 263	12	Operation Permit		22370
TEMM III		🗹 New Installation 🗹 Septic T	ank Nitrification Line	Repair Expansion
		PROPERTY LOCATION: <u> </u>	inole Ich	3. HILLOOPHINGSON LINE AND AD-
Name: (owner)	Scian Siegtried Hart Grading + Septic			LOT #
System Installer: Basement with plumbing		negistration #		
Type of Water Supply:	☐ Community ☐ Public ☐ Well	Distance from well feet		
System Type:(In accordance with Tal		Owner must contact Health Department 6	ms expire in 5 years. months prior to expiration for permit	renewal.
•	·	. Die G. Comp. Towns and Diesel and al	I Biding of the Immunity of Demois and Com-	
This system has been installed	l in compliance with applicable North Carolina General Status	es, Rules for Sewage Treatment and Disposal, and al	I conditions of the Improvement Permit and Cons	struction Authorization.
		Home		
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PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule .1	Jen: rdle Rd	. *	
II. Monitoring:	As required by Rule .1961.	, , , ,		
III. Maintenance:	As required by Rule .1961. Other:			
	Subsurface system operator required? Yes No lf yes, see attached sheet for additional operation	⊔⊿ on conditions, maintenance and reporting.		
IV. Operation:		1 0		
Y. Other:				
. Other.	D-Box Pump	□ Alarm □	H20Line □	PWR Line
	ications for the sewage disposal system on the a		IIZULIIIG LJ	1 THI LIII
Type of system:	onventional Other	Septic Ta	nk: <u>/OOO</u> gallons Pump Tan	ık: gallons
Subsurface	No. of exact length	width	of depth of	. 0
Drainage Field French Drain Required:	ditties or tach ditt	h feet ditche	es feet ditches _	inches
richen Diam neguneu.	Linear icet			

Authorized State Agent

2012

Date