| HTE#_//-5-26845 | Harnett County Department of Public Health | |
|---|--|--|
| PERMIT # 26517 | Operation Permit | 22074 |
| | New Installation Septic Tank Nitrification line | Repair Expansion |
| | PROPERTY LOCATION: 50, 1403 Coholing to Homes of N.C. SUBDIVISION Coden NOCK Projection # | |
| Name: (owner) STRONG-BUILT | -Homes of N.C. SUBDIVISION Colon Rock | LOT # _9 |
| System Installer: <u>JASO</u> Mdf Basement with plumbing: Garage | negistration # | î |
| | Public Well Distance from well feet | |
| System Type: 25% Ostman 345 | SHALTWRETTE O OZUM 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 r | enewal. |
| This system has been installed in compliance with applicab | ble North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Const | ruction Authorization. |
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| COLDE SAL OCA COLOR POCKS TRACKS | | |
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| Track 13 | 12 / FPIL | |
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| | | CHANGE CONTRACTOR CONT |
| | co- reported | |
| PERMIT CONDITIONS: | | |
| | n accordance with Rule .1961. | |
| II. Monitoring: As required by Rule .19 | 961. | |
| III. Maintenance: As required by Rule .19 | 961. Other:rator required? Yes \square No \square | |
| | eet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| □ D-Box □ | Pump □ Alarm □ H20Line □ | DWD Line |
| | | PWR Line |
| Type of system: Conventional Ot | disposal system on the above captioned property. Sther 25%=1000000000000000000000000000000000000 | gallons |
| Subsurface No. of | exact length width of depth of | 1.11 |
| Drainage Field ditches | _ of each ditch <u>/ てさ</u> feet ditches <u>3</u> feet ditches _ Linear feet | 19 inches |
| | | |
| Authorized State Agent | E Marla to MAS Date 10-19-11 | |