| HTE# | 17 | -5 | \mathcal{A} | 90 | $P_{\mathcal{Q}}$ |
|------|----|----|---------------|----|-------------------|
| | | | | | |

Harnett County Department of Public Health

| PERMIT # 266 | 17 | Operation Permit | 22707 |
|--------------------------------------|---|--|--------------------------|
| | | New Installation 🗵 Septic Tank 🕱 Nitrification Line 🗆 | Repair Expansion |
| | | PROPERTY LOCATION: Wizewood Way | |
| Name: (owner) | VATERMARY HOMES | SUBDIVISION CAROLINA SEASONS | LOT # _ ' L |
| System Installer: | HAROLD CARTER | Registration # | |
| Basement with plumbin | | | |
| Type of Water Supply: | | Distance from well 100 feet | |
| System Type: (In accordance with Tab | nie V a) | Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit | ronowal |
| (in accordance with rai | ic i a) | Owner must contact heard bepartment o months prior to expiration for permit | Tenewai. |
| This system has been installed | d in compliance with applicable North Carolina General Sta | tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Con | struction Authorization. |
| | | | |
| | CERDAL VIEW CI | REPAIR ARCA PA. BEANS PA. | |
| PERMIT CONDITIONS: | Control III Control | 10/1 | |
| | System shall perform in accordance with Rule As required by Rule .1961. | .1701. | |
| III. Maintenance: | As required by Rule .1961. Other: | | |
| | Subsurface system operator required? Yes 1 | | |
| IV. Operation: | If yes, see attached sheet for additional operation | tion conditions, maintenance and reporting. | |
| оришин. | | | |
| V. Other: | | | |
| | | □Alarm □H20Line □ | PWR Line |
| | ications for the sewage disposal system on the | above captioned property. | |
| ** | onventional Other EZ Flor | | • |
| | No. of exact leng of each di | | 30-18 inches |
| French Drain Required: _ | Linear feet | diction direction directio | A D INCHES |
| Al. C | | Ocus Du salada | |