HTE# 11-5-269 2812 Harnett County Department of Public Health	
PERMIT # 26659 Operation Permit 223	95
🛛 New Installation 🖂 Septic Tank 🔀 Nitrification Line 🗆 Repair	Expansion
PROPERTY LOCATION: OVERNITULS KD	1. 1. 6.
Name: (owner) D Refision SUBDIVISION SUBDIVISION LOT # System Installer: Subdivision Registration #	109
Basement with plumbing: Garage X Number of Bedrooms 3	
Type of Water Supply: 🗆 Community 🛛 Public 🗆 Well 🛛 Distance from well <u>100</u> 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 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.	
HOUSE E	
VE ET F	
SLATE DRIVE 7	
PERMIT CONDITIONS:	
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? Yes 🗆 No 🔀 If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□D-Box □Pump □Alarm □H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Of Other Pumo TO EZFLON Septic Tank: 1000 gallons Pump Tank: 1000 subsurface No. of exact length width of 3 depth of	gallons
Drainage Field ditches of each ditch feet ditches feet ditches	inches
French Drain Required:	-
Authorized State Agent Date Date Date Date Date Date	
Authorized State Agent J AND REAS (0LIVER TOLXSDONE) Date 10 22 12	