HTE# 11-5-27083

## Harnett County Department of Public Health

PERMIT # 866	92	_	Operation Pern	<u>iit</u>		22148
		`⊠ N	ew Installation 🕱 Se	eptic Tank 🗵 Niti	rification Line $\square$	Repair   Expansion
N /	C . O		PROPERTY LOCATION:	NC510		
Name: (owner)	GARY LOBINS	ON HOMES	_ SUBDIVISION _ G~			LOT # <u>32</u> _
System Installer: _ Basement with plumb		nber of Bedrooms 3	Registration # _			
Type of Water Supply	· ,		e from well <u>\</u>	feet		
System Type:	TIP TIP			VI Systems expire in 5 y		
(In accordance with T	able v a)	Owner	must contact Health Depart	nent 6 months prior to	expiration for permit r	enewal.
This system has been instal	lled in compliance with applicable Nort	h Carolina General Statutes, Rules	for Sewage Treatment and Disposa	l, and all conditions of the In	nprovement Permit and Constr	uction Authorization.
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PERMIT CONDITIONS:						
I. Performance:	System shall perform in accor	dance with Rule .1961.				
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. O	thar				
iii. Hamtenance.	Subsurface system operator re					
	If yes, see attached sheet for		tions, maintenance and repo	rting.		
IV. Operation:						
V. Other:						
¬	D.D	D				
Lallamina 4	D-Box		Alarm		_H20Line 🗆	PWR Line
	ifications for the sewage dispos Conventional X Other _	al system on the above cap		tic Tank: <u>\</u>	gallons Pump Tank:	1000
Subsurface	No. of	exact length	•	width of	ganons rump rank: depth of	1000 gallons
Drainage Field	ditches 3	of each ditch 80	<u> </u>	ditches 3	_ feet ditches	inches
French Drain Required:	111	lear feet				
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