HTE# 11-5-27421

Harnett County Department of Public Health

PERMIT # 26713	Operation Permit	22152
 	Mew Installation 🗹 Septic Tank 🗂 N	Nitrification Line 🗆 Repair 🗆 Expansion
A11 12 C 1 12	PROPERTY LOCATION: Will Lucar	- Rd.
Name: (owner) Atlantic Construct		LOT # <u>64</u>
System Installer: AAA Astemative Basement with plumbing: Garage D Number of Bedi	Registration #	
	Well Distance from well feet	
System Type:	Types V and VI Systems expire in 5	
(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 Ger	neral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the	Improvement Permit and Construction Authorization.
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:		
	operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
□ D-Box □ Pu	mp 🗆 Alarm 🗆	H20Line D PWR Line
Following are the specifications for the sewage disposal system o Type of system: Conventional	n the above captioned property.	gallons Pump Tank: gallons depth of feet ditches 46- 45 inches
2	CHS Date	12/13/2011