| HTE# 11-5-27 | Harnett County Department of Public Health | |
|---|---|------|
| PERMIT # | <u>סובי</u> <u>Operation Permit</u> 22741 | |
| | 🛛 New Installation 🖄 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗆 Expansi | on |
| | PROPERTY LOCATION: TINGEN RO | |
| · · · | BILL CLARK HOMES SUBDIVISION PATTON'S BOINT LOT # 2) | |
| System Installer: Basement with plumbi | <u></u> Registration # ing: □ Garage 又 Number of Bedrooms <u>3</u> | |
| Type of Water Supply: | r: \Box Community X Public \Box Well Distance from well <u>200</u> feet | |
| System Type: (In accordance with Ta | Types V and VI Systems expire in 5 years. Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. | |
| , | | |
| This system has been install | lled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. | |
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| | <u>150.</u> | |
| | Iro DR | |
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| | REPAIR / E | |
| | 30' E A | |
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| | 53 L N | |
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| | | |
| | FIFTY CALIBER DR | |
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| 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: | |
| | If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| □ | D-Box 🗆Pump 🖾Alarm 🗆H20Line 🗖PWR L | Line |
| | cifications for the sewage disposal system on the above captioned property. | |
| Type of system: 🗆 Subsurface | No of | ns |
| Drainage Field | ditches of each ditch 160 feet ditches feet ditches feet ditches inches | |
| French Drain Required: | | |
| Authorized State As | gent h) //// 25-745 Date 12/30/1) | |
| Authorized State A | | |