HTE#	12-538197

HTE# 12-53	Harnett C	ounty Department	of Public malth			
PERMIT # 268	82	Operation Per	mit	22244		
		New Installation	Septic Tank X Nitrification L	ine 🗆 Repair 🗆 Expansion		
	"	PROPERTY LOCATION:	Docs 19			
Name: (owner)	HTH CONTRACTORS			LOT # <u>3</u>		
System Installer: _ Basement with plumb	OTIS STOLCKLAND					
Type of Water Supply		Distance from well 100	feet			
System Type:	AII q	Types V and	d VI Systems expire in 5 years.			
(In accordance with T	able V a)	Owner must contact Health Department	artment 6 months prior to expiration f	for permit renewal.		
This system has been instal	led in compliance with applicable North Carolina General S	tatutes, Rules for Sewage Treatment and Disp	osal, and all conditions of the Improvement Per	rmit and Construction Authorization.		
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		III	176			
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		House				
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PERMIT CONDITIONS:						
I. Performance:	System shall perform in accordance with Rule	.1961.				
II. Monitoring:	Monitoring: As required by Rule .1961.					
III. Maintenance:	As required by Rule .1961. Other:	No X				
	If yes, see attached sheet for additional oper	ration conditions, maintenance and i	reporting.			
IV. Operation:						
V. Other:	-					
	D-Box Pump	□ Alarm	□ H20Line	□ PWR Lir		
Following are the spe	cifications for the sewage disposal system on th					
Type of system:	Conventional A Other EZ F	-ow		Pump Tank: gallons		
Subsurface Drainage Field	No. of exact let of each	ngth ditch <u>55</u> feet	width of ditches feet	depth of ditches R-24 inches		
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Authorized State Agent_

French Drain Required: