		28418
HTE#	13-5-	2000

Harnett County Department of Public Health

PERMIT # _96327_	Operation Permit	22286
	New Installation Septic Tank Mitrification Line	☐ Repair ☐ Expansion
	PROPERTY LOCATION: Salvei Blockman KO	
Name: (owner) RED DOOR Hope	SUBDIVISION DAYED marves	LOT)#L\f5
System Installer: OTTS STRICTED	Registration #	ttlf
Basement with plumbing: Garage Mumber of Bedrooms Type of Water Supply: Community Fublic Well	Distance from well feet	76871-
System Type: 256 Thomason Manufec 41	Types V and V) Systems expire in 5 years.	1 10
(In accordance with Table V a) 4-1/2 "solute valves	Owner must contact Health Department 6 months prior to expiration for per	rmit renewal.
4	ntutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and	1 1 1 1
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52	1731 BIACLEMAN RA	
PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with RuleII. Monitoring: As required by Rule .1961.	.1961.	
III. Maintenance: As required by Rule .1761. Other:		
Subsurface system operator required? Yes 🗆		
If yes, see attached sheet for additional opera	ation 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 B	
Type of system: Conventional Other Man teo o	Septic Tank: 1000 gallons Pump	Tank: 1000 gallons
Subsurface No. of exact length of exact length of each control		th of hes inches
French Drain Required: Linear feet		
المرا	1 4-	
Authorized State Agent	Date 6-20-	12