HTE# REDENT Harnett County Department of Public Health	
PERMIT # 27446 Operation Permit 22806	
□ New Installation □ Septic Tank ⋈ Nitrification Line ⋈ Repair □ Expans	ion
PROPERTY LOCATION: 447 ZUNO De	IVII
Name: (owner) ADREW HAYS SUBDIVISION TINCEN POINTE LOT # 143	_
System Installer: Thorsestion # Registration #	
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply: Community Public Well Distance from well feet	
System Type: Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
(in accordance than rable 7 a)	
This system has been installed 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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PERMIT CONDITIONS:	
l. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes 🗆 No 🔀	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:	
V. Other: BOTTOM LINE OF ORIGINAL SYSTEM ARANDONED	
□D-Box □Pump □Alarm □H20Line □PWR	Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other EZFLOW BEO Septic Tank: Existing gallons Pump Tank: gallons Pump Tank: gallons Pump Tank:	ons
Subsurface No. of exact length , , width of depth of	
Drainage Field ditches of each ditch 12×80 feet ditches feet ditches inches	
French Drain Required: Linear teet BEO SYSTEM	
Authorized State Agent Date 5/23/13	