HTE# 12-5-287914

Harnett County Department of Public Health

HIE# 100 0 0	in include	banty bepartine	sile of Labile He	MICH	
PERMIT # _269	93	Operation	<u>Permit</u>	6	22430
			Septic Tank 🕱 Nit		Repair 🗌 Expansion
M / \	NO Harra I.		FION: CHOESE CA		_LOT #\\
Name: (owner) System Installer:	DR HORTON INC JASON MATERS	SUBDIVISION _ Registration	Cypoess Pon) L	_L01 #
Basement with plumbin		ıs <u>3</u>	_		
	☐ Community → Public ☐ Well		ofeet V and VI Systems expire in 5 y	loor:	
System Type:(In accordance with Ta	ble V a)		h Department 6 months prior to		newal.
This system has been installe	ed in compliance with applicable North Carolina General	Statutes, Rules for Sewage Treatment a	and Disposal, and all conditions of the li	nprovement Permit and Constru	ction Authorization.
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		30'			
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		E 3			
		9			
		86000	22. (
	355	AREA 1	337		
		1'/			
	1	1			
		House			
		J HOUSE			
		OLDE CYPRESS	PONT		
PERMIT CONDITIONS:					
I. Performance: II. Monitoring:	System shall perform in accordance with Ru As required by Rule .1961.	le .1961.			
III. Maintenance:	As required by Rule .1961. Other:				
	Subsurface system operator required? Yes		and reporting		
IV. Operation:	If yes, see attached sheet for additional ope	ration conditions, maintenance	and reporting.		
·					
V. Other:			Marm 🗆	H20Line □	PWR Line
Following are the spec	D-boxruinp ifications for the sewage disposal system on t				I WK LIIIG
Type of system:			Septic Tank: 1000		gallons
Subsurface	No. of exact le	~ ^m^	width of ditches3	depth offeetditches	inches
Drainage Field French Drain Required:	ditches of each	ditch 180 feet	untales	feet ditches	. A
				13	
Authorized State Ag	gent Mills	AENS	Date	8/9/12	