HTE#	12-	-5-	THI	4

Authorized State Agent\_

## Harnett County Department of Public Health

HTE# 12-5-2N 19 namet County	Department of Fubile Health
PERMIT # <u>26999</u>	Operation Permit 22616
₩ N	ew Installation 🗵 Septic Tank 💢 Nitrification Line 🗆 Repair 🗆 Expansion
•	PROPERTY LOCATION: TIMEEN RO
Name: (owner) I SABEL LUCAS	SUBDIVISION PATTONS POINT LOT # 68
System Installer: TEO BROWN	Registration #
Basement with plumbing:  Garage Number of Bedrooms 3	
Type of tracer supply.	te from well 100 feet Types V and VI Systems expire in 5 years.
System Type:	must contact Health Department 6 months prior to expiration for permit renewal.
,	
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.
	107
160' ) REPAIR 1 AREA	HOUSE DRIVE
PERMIT CONDITIONS:	
1. 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 con	iditions, 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.
Type of system:  Conventional Other CHAMBER C	Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface No. of exact length  Drainage Field ditches of each ditch	
French Drain Required:	
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