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Harnett County Department of Public Health

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PERMIT # 270	066	Operation	<u>Permit</u>		22502
		🗮 New Installation	Septic Tank	Nitrification Line [☐ Repair ☐ Expansion
	0 0		ATION: Portor	-	
Name: (owner)	BEST BUILT CONS		CAROLIMA	SEASONS	LOT # <u>\</u>
System Installer: Basement with plumbi	ing: Garage Number of Bedrooms		ion #		
Type of Water Supply:		Distance from well	oo feet		
System Type:		Тур	oes V and VI Systems ex		
(In accordance with Ta	able V a)	Owner must contact Hea	alth Department 6 mont	ths prior to expiration for perr	nit renewal.
This system has been install	led in compliance with applicable North Carolina General Stat	utes, Rules for Sewage Treatment	t and Disposal, and all condi	tions of the Improvement Permit and	Construction Authorization.
	Better				
DEPMIT COMPITIONS			/ د		
PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule .	1961.			
II. Monitoring:	As required by Rule .1961.				
III. Maintenance:	As required by Rule .1961. Other:	A			,
	If yes, see attached sheet for additional operati		e and reporting.		
IV. Operation:					
V. Other:					
	D-Box 🗆 Pump		Alarm 🗆	H20Line □	PWR Line
Following are the speci	ifications for the sewage disposal system on the a	bove captioned property.		-	_
Type of system: 🔲 🗆	Conventional Other Fume To	EZ FLAW	Septic Tank: 🗘	• ,	ank: 1000 gallons
Subsurface Drainage Field	No. of exact length	h 200 feet	width of ditches	depth feet ditches	of 18-24 inches
French Drain Required:		.531	41201100	rect untiles	anches
				_1 1	
Authorized State Ag	gent Millian	ROMS		Date 9 13 12	