HTE#<u>12-5-25538</u>

## Harnett County Department of Public Health

PERMIT # 270	3 <u>3                                   </u>	Operation Perm	<u> 11t</u>	2248	55
		✓ New Installation ✓ Se	ptic Tank 📝 Nitrifica	tion Line 🔲 Repair 🗆	☐ Expansion
			21602 ipre 20		
Name: (owner)	MIlton Gokaprises	SUBDIVISION _ Work	DE POINTE	LOT #	7
System Installer:		Registration #			•
Basement with plumb		3°	-		
Type of Water Supply	: 🗆 Community 🖾 Public 🗆 Well	Distance from well	_ feet		
	By to 25°2 DEDULDA T	Types V and V	/I Systems expire in 5 years.		
(In accordance with T	able (Fa)	Owner must contact Health Departi	nent 6 months prior to expir	ation for permit renewal.	
This system has been insta	lled in compliance with applicable North Carolina General State	utes, Rules for <del>Sewage</del> Treatment and Disposa	l, and all conditions of the Improver	nent Permit and Construction Authoriz	ation.
	Congri	12 12 12 12 12 12 12 12 12 12 12 12 12 1	a pour la		
PERMIT CONDITIONS:		10/1			
I. Performance: II. Monitoring:	System shall perform in accordance with Rule .  As required by Rule .1961.	1701.			
III. Maintenance:	As required by Rule .1961. Other:				
	Subsurface system operator required? Yes 🗆 N	o 🗆			
	If yes, see attached sheet for additional operat	ion conditions, maintenance and rep	orting.		
IV. Operation:					-
V. Other:					
	D-Box □ Pump	□ Alarm □	□ H2	OLine 🗆	PWR Line
	cifications for the sewage disposal system on the Conventional Other Marike to a No. of exact lengt ditches 3 of each dit	above captioned property.		gallons Pump Tank:	gallons
Authorized State A	cent 5 Maul	non 2	Date 2	2-28-13	