HTE# <u>12-5-2</u>	9643	Harnett Cou	nty Depa	artment	of Publ	ic Healt	h g	2335	2
PERMIT # 272	39		opera 2	tion Pern	nit			_ 0 0 0 .	K-m
						✓ Nitrific	ation Line 🖵	Repair \Box	Expansion
				Y LOCATION: <u>~</u>	•		,	•	
Name: (owner)	6recon	TNC	SUBDIV					LOT #	SR
System Installer:	Canden	Construct	<u>≤</u> Reg	istration $\#$ _		···			
Basement with plumbin	0 /	Humber of Bedrooms	3		f				
Type of Water Supply:			Distance from wel		feet VI Systems ex	nire in 5 years			
(In accordance with Ta	1212 BUCTUS Systable V a)	x rgrees s	Owner must conta	17pcs 1 and act Health Depart	tment 6 mont	ths prior to exp	iration for permit	renewal.	
•	•			/			/		
This system has been install	ed in compliance with applicable	North Carolina General Statute	s, Rules for Sewage J	reatment and Dispos	al, and all condi	tions of the Improv	ement Permit and Cons	truction Authoriza	tion.
		735 × 19 /6	500	31 t,	/				
			GENLIE EN		_P L				
PERMIT CONDITIONS:				<u>~ - </u>					
I. Performance:	System shall perform in a		161.						
II. Monitoring:	As required by Rule .196 As required by Rule .196								
III. Maintenance:	Subsurface system operate								
	If yes, see attached sheet			ntenance and re	porting.				
IV. Operation:									
V. Other:									
	D-Box □	Pump 🗆]	Alarm		H	20Line 🗆		PWR Lin
Following are the spec	ifications for the sewage di	•	ove captioned pr	roperty.					
Type of system:		er 25% RGD	3 "	S		1000	gallons Pump Tan		gallons
Subsurface	No. of	exact length of each ditch		feet	width of ditches	3 f	depth of eet ditches _	24	inches
Drainage Field French Drain Required:	ditches	or each ditcr _ Linear feet		_ 1661	aircite?	·	uitties _		_ 111/11/23

Authorized State Agent

Date_