## HTE# 12-5 29658RQ Harnett County Department of Public Health

PERMIT # 27191	_	Operation Pe	<u>ermit</u>		22779
		🔀 New Installation 🕱	Septic Tank 🗵 N	itrification Line $\square$	Repair   Expansion
		PROPERTY LOCATION	ROBERTS	Ro	,,
Name: (owner)SHO	HCASE CONST		JULIAN HRIG		LOT #
	15 STRICKLAND	Registration #			
Basement with plumbing: $\Box$		<u>3</u>			
Type of Water Supply: 🗆 Co		Distance from well 106	feet		
System Type:	ط		and VI Systems expire in 5	•	
(In accordance with Table V a)  Owner 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.					
		ARCPAIR HOUSE WATER LAND	Q Q	Ç.	
PERMIT CONDITIONS:					
	shall perform in accordance with Rule .	1961.			
	ired by Rule .1961.				
	ired by Rule .1961. Other: ace system operator required? Yes 🔲 N	<u>, Д</u>			
	see attached sheet for additional operati		reporting.		
IV. Operation:				The same of the sa	
V. Other:					
D-Box	Pump		. 0	U201: 🗔	pup :
				H20Line 🗆	PWR Line
Type of system:   Convention	for the sewage disposal system on the integral $\square$ Other $\square$ Other		Sentic Tank: 1 (1) (2)	gallons Pump Tanks	1000 gallons
Subsurface No. of	exact lengt	1	width of	ganons rump rank.  depth of	FOO () gailons
Drainage Field ditches	of each dit	ch 180 feet	ditches3	feet ditches	8-24 inches
French Drain Required:	The Sales III				
Authorized State Agent Date 1 24 13					