HTE# 12-5-3	3014)	Harnett Co	ounty Depa	rtment of Pul	olic Health		
PERMIT # 25	533		Operat	tion Permit		226	38
					Nitrification Line		
	1111		PROPERTY	LOCATION: Voc	5 KO		W
Name: (owner) _		STRUCTORS		SION OAKMO	777	LOT #	36_
System Installer:		SICKLAND		stration #			
Basement with plumb Type of Water Supply		₹ Number of Bedrooms ₹ Public □ Well	Distance from well	\○ O feet			
System Type:	TIT	<u>.</u>		_ Types V and VI Systems			
(In accordance with	Table V a)		Owner must contac	t Health Department 6 mo	nths prior to expiration for p	ermit renewal.	
This system has been insta	alled in compliance with applica	able North Carolina General Sta	atutes, Rules for Sewage Tre	atment and Disposal, and all cor	ditions of the Improvement Permit a	nd Construction Authoriza	ation.
DEDMIT CONDITIONS.			HOUSE DR-YE	AST REPAIR AREA			
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:					
		neet for additional opera	•	enance and reporting.			
IV. Operation:							
V. Other:							
 _	D-Box 🗆	Pump		Alarm 🗆	H20Line □		PWR Lin
Following are the spe	cifications for the sewage	disposal system on the	above captioned prop	erty.	12.13.10		
		Other Ever To		•	1000 gallons Pump		gallons
Subsurface Drainage Field	No. of ditches	exact leng of each di	th tch <u>240</u>	width of feet ditches		th of hes	inches
French Drain Required		tinear feet			icer dite		

Authorized State Agent_

Date 4)8 13