HTE#13-5-30353 Harnett County Department of Public Health	
PERMIT # 25548 Operation Permit 2286	55
New Installation 🖄 Septic Tank 🖄 Nitrification Line 🗆 Repair 🗆	
PROPERTY LOCATION: NC2205	
	26
System Installer: Garage 🛛 Number of Bedrooms Registration #	
Basement with plumbing: 🗆 Garage 🔀 Number of Bedrooms <u>3</u> Type of Water Supply: 🗆 Community 📉 Public 🗆 Well Distance from well <u>100</u> feet	
System Type: Types V and VI Systems expire in 5 years.	
(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 Authorizat	ion.
REPAIR	
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HOUSE	
R. I	
TALTICAL	
DRIVE	
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:	
Subsurface system operator required? Yes 🗆 No 📉 If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
	DWD
D-Box Pump Alarm H20Line	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: ロ Conventional 文 Other <u>EZ FLow</u> Septic Tank: <u>1000</u> gallons Pump Tank:	gallons
Subsurface No. of exact length width of depth of	·
Drainage Field ditches of each ditch feet ditches feet ditches French Drain Required:	inches
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Authorized State Agent Date Date Date	