HTE# 13-5-3053212

Harnett County Department of Public Health

PERMIT #	82_	0 p	eration Permit		22849	
			nstallation 🗵 Septic Tar	k 🔀 Nitrification Line	☐ Repair ☐ Exp	nansion
	~ ^	` PROP	ERTY LOCATION: NC			
Name: (owner)	SARY KOBINSON	Homes SU	BDIVISION GNEN (LOT # <u>10</u> 2	2
System Installer: _		NO	Registration #			
Basement with plumbing			_			
Type of Water Supply:	☐ Community ☐ Public ☐	☐ Well Distance fron	well 100 feet			
System Type: (In accordance with Ta	able V a)	Owner must	Types V and VI Systems contact Health Department 6 m		armit ranawal	
(iii accordance iiiiii ia		Owner must	contact ficulti bepartment o in	ontils prior to expiration for pr	fillit fellewai.	
This system has been installed	ed in compliance with applicable North Carolina	General Statutes, Rules for Sev	vage Treatment and Disposal, and all co	onditions of the Improvement Permit ar	d Construction Authorization.	
		36 T AREA	HOUSE 3 H	0 e		
PERMIT CONDITIONS:			***************************************	· · · · · · · · · · · · · · · · · · ·		
I. Performance: II. Monitoring:	System shall perform in accordance v As required by Rule .1961.	vith Kule .1961.				
III. Maintenance:	As required by Rule .1961. Other:					
	Subsurface system operator required?					
IV On arration.	If yes, see attached sheet for addition	nal operation conditions,	maintenance and reporting.			
IV. Operation:					,	
V. Other:						
	D-Box	Pump	Alarm 🗆	H20Line □	P۱	WR Line
	fications for the sewage disposal system	n on the above captione		_		
Type of system: 🗌 (Subsurface		$\gamma P TO EZ$ xact length	Septic Tank: width of	1000 gallons Pump		gallons
Drainage Field		f each ditch 100	feet ditches	feet ditcl	th of hes <u>17 </u>	241
French Drain Required:	tipear ree			rect urec	ics man	C3
Authorized State Ag		26	AS	Date 7/22/13		