HTE# 13-5-30574 Harnett County Department of Public Health		
PERMIT # 272	<u> Operation Permit</u>	22662
	✓ New Installation ✓ Septic Tank ✓ Nitrification Line □	Repair Expansion
	PROPERTY LOCATION: SCITIL SCITA TOMOSON	9844
` ,	SUBDIVISION CP MUMB	LOT # _ <i>LA</i>
System Installer: _ Basement with plumb	Kernetl Kieghes Registration # ng: □ Garage ☑ Number of Bedrooms 3	
Type of Water Supply		
System Type: 25%	TRACUTED System Type HT G EZLATY Types V and VI Systems expire in 5 years.	
(In accordance with T	Owner must contact Health Department 6 months prior to expiration for permit re	enewal.
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Servage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.		
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PERMIT CONDITIONS:	EN ISTU Short FORTHER	p.
I. Performance:II. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	·
	Subsurface system operator required? Yes \square No \square If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	17-55, See attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
		PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.		
Type of system: Subsurface	Conventional of Other 25% 1730000 Septic Tank: 1000 gallons Pump Tank: No. of exact length width of depth of	gallons
Drainage Field	ditches of each ditch feet ditches feet ditches	24 inches
French Drain Required:		
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