HTE#13-5	<u>30613</u> R Ha	rnett County Dep	artment of Public I	dealth 23	156
PERMIT # 272	178	<u>Oper</u>	ation Permit	~ ~	
		/ \	Illation Septic Tank TY LOCATION:	•	oair 🗌 Expansion
Name: (owner)	H+H CONSTON		IVISION ORKMORT		OT # <u>\37</u>
System Installer: _	and the same of th		gistration #		.01 // <u>/</u>
Basement with plumb			8130110011 11		
Type of Water Supply					
System Type:			Types V and VI Systems expire in		
(In accordance with T	able V a)	Owner must con	tact Health Department 6 months prio	r to expiration for permit renew	<i>r</i> al.
This system has been insta	lled in compliance with applicable North	Carolina General Statutes, Rules for Sewage	Treatment and Disposal, and all conditions of	the Improvement Permit and Construction	n Authorization.
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		Q.S	SETBACK T		
			- SHICK V		
		1,~-			
		, R	EPAIR /		
		1	AREA		
		187			
			12		
			2		
		1 140	USE 5		
			126 JULY 120 D		
			D. D.		
			YE /		
		BISON	a ru		
PERMIT CONDITIONS:					
I. Performance:	System shall perform in accord	ance with Rule .1961.			
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other	10 V'			
m. riamtenance.	Subsurface system operator req	uired? Yes 🗆 No			
	If yes, see attached sheet for a	additional operation conditions, ma	intenance and reporting.		
IV. Operation:			, -		
V. Other:					
	D-Box □	Pump 🗆	Alarm 🗆	H20Line □	PWR Line
Following are the spec	cifications for the sewage disposal	system on the above captioned p	roperty.		
Type of system:	Conventional Z OtherE	MOTE	Septic Tank: 1250	gallons Pump Tank:	gallons
Subsurface	No. of	exact length	width of	.i	
Drainage Field	ditches	of each ditch 300	feet ditches3	deptn of ditches 36	- 18 inches
French Drain Required		ai icet		. 1	
Authorized State A	nant M	REAS	Date	3/11/24	
AUTHORITED STATE A	Scur "	11.11	vale		