HTE#<u>/3-5-3</u>6729

Harnett County Department of Public Health

23255

PERMIT # 2725	7	<u> Uperatior</u>				
		New Installation		Nitrification L	ine 🗌 Repair 🗆	Expansion
			ATION: Wire	Ld		
Name: (owner)	Savy Homer	VIOLISION	Kenlan Far	ر مد ر د	LOT #	67
System Installer:			ion #			
Basement with plumbir	•	negistiat	1011 #			
Type of Water Supply:		Distance from well	feet			
System Type:	TIT 9		pes V and VI Systems exp	pire in 5 years.		
(In accordance with Ta	ble V a)		alth Department 6 month		for permit renewal.	
•	,		·		•	
This system has been installed	d in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatmer	t and Disposal, and all conditi	ions of the Improvement Perr	mit and Construction Authoriz	ation.
PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule	Horse Ct.	39		· ·	
I. Performance: II. Monitoring:	As required by Rule .1961.	.1701.				
III. Maintenance:	As required by Rule .1961. Other:					
	Subsurface system operator required? Yes 🗆					
	If yes, see attached sheet for additional opera		ce and reporting.			
IV. Operation:						
V. Other:						
	D-Box \square Pump		Alarm □	H20Line		PWR Line
Following are the speci Type of system: Subsurface Drainage Field French Drain Required:	fications for the sewage disposal system on the Conventional ロ Other	above captioned property د	Septic Tank: _/ width of	∕∞○ gallons	Pump Tank: depth of ditches&Y	gallons inches
Authorized State An	1 nel	LEH!		Date 8/19	/20/4	