Harnett County Department of Public Health

23047

PERMIT #	· V I	<u>operation re</u>			
		New Installation 🗵	Septic Tank	Nitrification Line	☐ Repair ☐ Expansion
		PROPERTY LOCATION	TIMBEN	8 -	—p — z.xpaiisioii
Name (owner)	ISRAEL LUCAS		errions Poi		LOT # <u>6</u>
, , , , , , , , , , , , , , , , , , , ,	TEO BROWN			NIE	LUI # <u>\(\(\) \</u>
System Installer:		Registration #			
Basement with plumbing		<u> </u>			
	☐ Community ► Public ☐ Well	Distance from well		_	
System Type:			nd VI Systems expire in		
(In accordance with Tabl	e v a)	Owner must contact Health De	partment 6 months prior	to expiration for per	mit renewal.
This system has been installed	in compliance with applicable North Carolina General State	tutes Rules for Sowage Treatment and Di	enocal and all conditions of th	ha lannususament Doumit end	I Camatana di mandana di mandana
The System has been matanea	in compliance with appreciate north caronial deneral star	acts, notes for sewage freatment and Di	sposar, and an conditions of th	te improvement remit and	Construction Authorization.
		REPARQ REPARQ	12.5000		
DEBUIT COMPITIONS					
II. Monitoring: A III. Maintenance: A Si	ystem shall perform in accordance with Rule . s required by Rule .1961. s required by Rule .1961. Other: ubsurface system operator required? Yes D N f yes, see attached sheet for additional operati	o 🗆 ion conditions, maintenance and i	reporting.		
V. Other:		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	D.D				
	D-Box 🗆 Pump			H20Line 🗆 _	PWR Line
Type of system: 🗆 Cor Subsurface N	o. of exact length	1 (QIAT)	width of	depth	Tank: gallons of
Drainage Field di	of each dito	ch <u>150</u> feet	ditches <u>3</u>	feet ditche	es <u>18-22+</u> inches
French Drain Required:	Linear feet				
Authorized State Agen		S(H)	Doto		