HTE# 13-5-31123

## Harnett County Department of Public Health

PERMIT # 273	84	Operation Permit		22988
			ank 🗆 Nitrification Line 🗆	] Repair 🗌 Expansion
		PROPERTY LOCATION: عن 43-	Ballone RD	
Name: (owner)	STANCEI BUILDERS FUC	SUBDIVISION Hadde	_PT	LOT # _ <i>3</i> 3
•	STANCEL BURISES	Registration #		
Basement with plumbi	5	1		
Type of Water Supply:		Distance from well feet  G 52 LAG Types V and VI Syste	ms expire in 5 years.	
(In accordance with Ta		Owner must contact Health Department 6	•	t renewal.
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This system has been instal	led in compliance with applicable North Carolina General S	tatutes, Rules for Sewage Treatment and Disposal, and al		
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DERMIT COMPITIONS	- 1 1 DN-1			
PERMIT CONDITIONS:  I. Performance:	System shall perform in accordance with Rule	1961		
II. Monitoring:	As required by Rule .1961.	.1701.		
III. Maintenance:	As required by Rule .1961. Other:		- 172	
	Subsurface system operator required? Yes			
IV. Operation:	If yes, see attached sheet for additional oper	ation conditions, maintenance and reporting.		
iv. Operation.				
V. Other:				
	D-Box 🗆 Pump	□ Alarm □	H20Line □	PWR Lin
	fications for the sewage disposal system on the		1 2 At W Int 1 1 W In-put	· TITLE
Type of system:			ık: <u>1000</u> gallons Pump Tar	nk: gallons
Subsurface	No. of exact len	gth width	of depth of	f
Drainage Field	ditches of each of	itch <u>8D</u> feet ditches	$\frac{3}{2}$ feet ditches	24 inches
French Drain Required:	Linear feet			
Authorized State Ag	ient Janes S Mas.	ha I	n.a. 10-5 is	,
Authorized State Ag	MIL JUNES C/1/AN	War Land	Date 10-17-13	د