HTE# 13-53 1276

## Harnett County Department of Public Health

		, out of many 1	
PERMIT # 275	02	Operation Permit 2288	} 1
		New Installation 🗷 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗆	Expansion
,	~ ·	PROPERTY LOCATION: TINGENED	
Name: (owner)		Homes SUBDIVISION PATIONS POIM LOT # 5	59
System Installer: _	MANNE ZONE		
Basement with plumbin			
Type of Water Supply: System Type:	Community Public	Well Distance from well 100 feet  Types V and VI Systems expire in 5 years.	
(In accordance with Ta	ıble V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installe	and in compliance with applicable North Carol	ina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization	on
This system has been histain	ea in compliance with applicable north carol	83	on.
		REPAIR 1	
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DEDUIT CONDITIONS		Schoomaker C	
PERMIT CONDITIONS:  I. Performance:	System shall perform in accordance	e with Rule 1961	
II. Monitoring:	As required by Rule .1961.		
III. Maintenance:	As required by Rule .1961. Other:		
	Subsurface system operator require	d? Yes □ No ⊠	
IV. Operation:	if yes, see attached sheet for addi	itional operation conditions, maintenance and reporting.	
iv. Operation.			
V. Other:			
	D-Box 🗆	Pump 🗆Alarm 🗆 H20Line 🗅	PWR Line
	ifications for the sewage disposal sy	stem on the above captioned property.	
Type of system:		Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface Drainage Field	No. of ditches	exact length width of depth of of each ditch 150 feet ditches 3 feet ditches	_ inches
French Drain Required:			_ manu
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