HTE#<u>13-531279</u>

Harnett County Department of Public Health

PERMIT # 215	Operation Permit New Installation Septic Tank Nitrification Line	22913 Repair Expansion
	PROPERTY LOCATION: When Livers Ro	- nopun Expunsion
Name: (owner)	BILE CLARK HOMES SUBDIVISION CARRELING DAKS	LOT # <u>~}</u>
System Installer: _	WAYNE JONES Registration #	
Basement with plumbi	oing: Garage Number of Bedrooms 3	
Type of Water Supply		
System Type: (In accordance with T	Types V and VI Systems expire in 5 years. Sable V a) Owner must contact Health Department 6 months prior to expiration for perm	it renewal.
(iii accordance iiiai i	(amate 1 m)	,
This system has been instal	alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and C	onstruction Authorization.
	100	
	BASEWERZ EDSEWERZ	
	REPAIR AREA HOUSE	
	CAROLINA OAKS CIRCLE	
PERMIT CONDITIONS:		
I. Performance: II. Monitoring: III. Maintenance:	System shall perform in accordance with Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Yes If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	if yes, see attached sheet for additional operation conditions, maintenance and reporting.	· · · · · · · · · · · · · · · · · · ·
V. Other:		
	D-Box	PWR Line
Type of system: Subsurface	No. of exact length width of depth	ank: gallons of 96
Drainage Field	ditches of each ditch 180 feet ditches feet ditches	inches
French Drain Required	They take (IN CTROINS END CHE)	
Authorized State A	Gent Date 5/18/13	