HTE# 13-5-31319

Harnett County Department of Public Health

23024

PERMIT # 27516

Operation Permit

PERMII # <u>0 15 10</u>		Operation remit		
			Nitrification Line Repair 1	Expansion
	/ N 11		3 Ro	100
Name: (owner) Mc			77 LOT # _	42
System Installer: Eog		Registration #		
Basement with plumbing:	Garage Number of Bedrooms			
Type of Water Supply:	nmunity Public	Distance from well 150 feet Types V and VI Systems e	vnira in 5 veers	
(In accordance with Table V a)		Owner must contact Health Department 6 mon		
(F	
This system has been installed in compli	ance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all cond	litions of the Improvement Permit and Construction Authorization	n.
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	April 1 and	130		
	din services	7		
		1 REPAIR		
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	No. of the Contract of the Con	BLUE SAY CT		
PERMIT CONDITIONS:				
	shall perform in accordance with Rule	1961		
	red by Rule .1961.			
	red by Rule .1961. Other:			
	ce system operator required? Yes 🗌 🛚			
,	ee attached sheet for additional opera	tion conditions, maintenance and reporting.		
IV. Operation:				
V. Other:	ACCESS 100 100 100 100 100 100 100 100 100 1			
				B111B 7.
□ D-Box	□ Pump		H20Line 🗆	_ PWR Line
	or the sewage disposal system on the	above captioned property.		,.
Type of system: Convention		CTIONS COLD Septic Tank:		gallons
Subsurface No. of Drainage Field ditches _	exact leng	th width of tch 340 feet ditches $_$	depth of depth of ditches 18-30 i	inches
French Drain Required:	Linear feet	iciiicet uitclies	leer diffiles 10 20	mates
	Tutte Til			
Authorized State Agent		RENS	Date 10233	
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