HTE# <u>13-5-3</u>	Harnett County Department of Public Health	
PERMIT # 274	192 Operation Permit 22902	2
	🕅 New Installation 📉 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗆 E	xpansion
	PROPERTY LOCATION: 27 VIEST	2 (.
Name: (owner) <u>System Installer:</u>	COTTS STRUCKLAND Registration #	
Basement with plumbi	ing: 🗆 Garage 📈 Number of Bedrooms 💾	
Type of Water Supply: System Type:	r: Community X Public U Well Distance from well <u>100</u> feet	
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.		
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.		
PERMIT CONDITIONS:	HOUSE DR.	
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:	
	Subsurface system operator required? Yes 🗆 No 🔀	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
		PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.		
Type of system: ∟ Subsurface	Conventional X Other EZFLOW Septic Tank: 1000 gallons Pump Tank: No. of exact length width of depth of	_ gallons
Drainage Field	ditches 1 of each ditch 200 feet ditches 3 feet ditches 18-36 i	nches
French Drain Required	t instantier	
Authorized State Ag	gent Date 9913	
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