HTE# 13-5-31946

## Harnett County Department of Public Health

23030

PERMIT	#	27	60	7

PERMIT # 276	Operation Permit	
	New Installation 🔀 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗀 Expans	ion
	PROPERTY LOCATION: 27 WEST	
Name: (owner)	WEAVER HOMES SUBDIVISION TINGEN POINTE LOT # 143	_
` '	Oms Struckland Registration #	
Basement with plumbir		
Type of Water Supply:		
System Type:	Types V and VI Systems expire in 5 years.	
(In accordance with Ta	Table V a)  Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed	ulled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
ins system has been mistane	the of the interest of the improvement Permit and Construction Authorization.	
	ORANA REPAIR AREA  REPAIR AREA  HOUSE  NT  OMAHA DRIVE	
PERMIT CONDITIONS:		
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:	
m. Hamtenance.	Subsurface system operator required? Yes 🗆 No 💢	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
_		
	D-Box	Line
Following are the specif	cifications for the sewage disposal system on the above captioned property.	
Type of system: ∟ C Subsurface	Conventional Other EZFLOW Septic Tank: 1000 gallons Pump Tank: gallons of exact length width of depth of	ns
Drainage Field	No. of exact length width of depth of depth of ditches 3 feet ditches 20 inches	
French Drain Required:	timest feet	
	THIN THE	
Authorized State Age	gent Date10,17_13	