HTE# <u>13-5-3</u>	aazbr Harnet	tt County Depart	ment of Public He	ealth g	23689
PERMIT # <u>276</u>	32	<u>Operatio</u>	on Permit		
		New Installation	on 🗹 Septic Tank 🗹 N	itrification Line $\Box$	Repair 🗀 Expansion
Names (auman)	Wynn Construct		DCATION: Doc's Rd.		
System Installer: _		an SUBDIVISIC	DN <u>Trotters Rid</u>	9	_LOT # <u>22</u> _
Basement with plumb	ng: 🗆 🛛 Garage 🗆 Number of Be	edrooms <u>4</u>			
Type of Water Supply System Type:		Well Distance from well	feet Types V and VI Systems expire in 5	VASIS	
(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.					
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5 REPAIR AREA HOUSE					
AREA HOUSE					
x Tanks thing ok					
Tiz' Ty					
* 6/24/15 Bm					
* Needs pump, alarm + D-Bex Kentucky Derbyhn Checked					
PERMIT CONDITIONS:	recked				
I. Performance:	System shall perform in accordance wi	th Rule .1961.			
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:				
	Subsurface system operator required? Y	es 🗆 No 🗔			
IV. Operation:	If yes, see attached sheet for addition	al operation conditions, maintena	nce and reporting.		
·					
V. Other:			Alarm 🗔		DWD Line
Following are the speci	D-BoxI fications for the sewage disposad system		Alarm		PWR Line
Type of system: 📋	Conventional D Other Kmpt	o EZFlow	Septic Tank: _/000		: _/ 90 d gallons
Subsurface Drainage Field		act length each ditch <u>60</u> fee	width of t ditches <u> </u>	depth of feet ditches	18 inches
French Drain Required:				ICCL UILUICS	
Authorized State Agent Date Date Date Date					