Harnett County Department of Public Health HTE#13-5-32495 23203 / Operation Permit PERMIT # 27705 New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: SUBOZ Loss & RS Name: (owner) MIHOR Fokkenises IC SUBDIVISION WADE POTATE LOT # 3 \_\_\_\_\_ Registration # \_\_\_\_\_ System Installer: Candens Garage Mumber of Bedrooms Basement with plumbing: Type of Water Supply: 

Community Public ☐ Well Distance from well \_\_\_ System Type: 25% 7000 tto System Type To GOLFTypes V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) This system has been installed in compliance with applicable North Capolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. 24 のすっと PERMIT CONDITIONS: ١. Performance: System shall perform in accordance with Rule .1961. 11. As required by Rule .1961. Monitoring: III. As required by Rule .1961. Other: Maintenance: Subsurface system operator required? Yes  $\square$  No  $\square$ If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: Pump 🗆 Alarm □ H20Line □ D-Box □ Following are the specifications for the sewage disposal system on the above captioned property. 1 Other 25% illegouster Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons Type of system: 

Conventional Subsurface No. of exact length width of depth of

80

feet

ditches \_

of each ditch

Linear feet

Authorized State Agent and E Markon for

Drainage Field

French Drain Required:

ditches

Date 5-13-14

feet

ditches 24-318 inches