HTE# 13-5-3	2569	Harnett	County [)epartmen	t of Pu	blic Hea	alth	2315	7
PERMIT #			0	peration Pe	rmit		•		,
			₩ New		Septic Tar	nk X Nitr	ification Line 🗆	Repair [☐ Expansion
Name: (owner)	WEAVER HO	m Es			_			10T #	313
, ,	OTHS STRI		•	_ Registration #					
Basement with plumb		Number of Bedroo	oms +						
	y: 🗆 Community 🔀		ell Distance fr	om well <u>100</u>	feet				
System Type: (In accordance with 1		7.2	Δ			expire in 5 ye			
(iii accordance with i	rable v aj		Owner mus	t contact Health De	partment o m	onths prior to	expiration for permit	renewal.	
This system has been insta	ulled in compliance with applicab	le North Carolina Genera	l Statutes, Rules for	Sewage Treatment and Di	sposal, and all co	nditions of the Im	provement Permit and Cor	struction Authoriza	ation.
PERMIT CONDITIONS:			HOUSE	The sale					
. Performance:	System shall perform in		ıle .1961.						
I. Monitoring: II. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:								
ii. riantenance.	Subsurface system opera								
V. Operation:	If yes, see attached shee			s, maintenance and	reporting.				
. Other:									
	D-Box 🗆	Pump	o 🗆	Alarm			H20Line □		PWR Line
	No. of	her <u>Pump)</u> exact le	o EZ V	LOW	Septic Tank: width of	_	gallons Pump Tanl depth of		gallons
Prainage Field rench Drain Required:	ditches	_ of each	ditch 240	feet	ditches	3	feet ditches _	18-57	_ inches

REHS

Authorized State Agent_

Date 3/12/14