HTE#\_14-5-3303\_4

## Harnett County Department of Public Health

23569

PERMIT	#	27	S	١	1	

Operation Permit

TEMIN IF		operation				
•	Ţ	★ New Installation	Septic Tank E	₹ Nitrification	Line 🗆 Repair	☐ Expansion
		PROPERTY LOCA	ITION: M2D6	OCALD (	ζρ	
Name: (owner) ALEX M		SUBDIVISION			LOT #	#_5_
System Installer: \( \sum_{2} \in \text{\text{C}} \)		Registration	on #			
Basement with plumbing: Garage Type of Water Supply: Community	□ Number of Bedrooms _ Public □ Well	Distance from well 10	foot			
System Type:			s V and VI Systems expire	in 5 years		
(In accordance with Table V a)	_ )		th Department 6 months		for permit renewal.	
				,	•	
This system has been installed in compliance with appropriate the system has been appropriated by the system has been appropriated by the system of the system has been appropriated by		TO WE WIND TO WIND TO WIND TO THE PARTY OF T	and Disposal, and all conditions		ermit and Construction Author	ization.
II. Monitoring: As required by Rule III. Maintenance: As required by Rule	in accordance with Rule .19 .1961. .1961. Other: perator required? Yes \(\sum \) No					
	sheet for additional operation		and reporting.			
V. Other:						
	Pump 🗆		larm 🗆	H20Line		PWR Line
ollowing are the specifications for the sewa				Δ ::		
inheurface No of	Other EZ FLox exact length	<i>y</i>	Septic Tank: <u>160</u> width of	O gallons	Pump Tank:	gallons
Orainage Field ditches 2		75 feet	ditches3	feet	depth of ditches 18-24	inches
rench Drain Required:	Linear feet	, — ket	unciles	icci	aitclitts	T mene?
Authorized State Agent	MAIL	<i></i>	Dat	e 4/1/15		