HTE# 14-5-33511 Harnett County Department of Public Health 23392
PERMIT # 27945 Operation Permit
🗙 New Installation 🔀 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗆 Expansion
PROPERTY LOCATION: Docs Ko
Name: (owner) H+)-1 Constructions Lot # 100 System Installer: OTT) = STRICKLAND Registration #
Basement with plumbing: 🗆 Garage 🔀 Number of Bedrooms 💾
Type of Water Supply: \Box Community \overleftarrow{X} Public \Box Well Distance from well $\underline{t} & \textcircled{O}$ feet System Type: Type: Type: Type: \Box DITY
System Type: Types V and VI Systems expire in 5 years. (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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I REPAIR AREADO
HOUSE DD
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BISON LN
PERMIT CONDITIONS:
I. Performance: System shall perform in accordance with Rule .1961.
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:
Subsurface system operator required? Yes 🗆 Ng 🔀
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:
V. Other:
□ D-Box □ Pump □ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: ロ Conventional 文 Other <u>ドレッドファミスティッ</u> Septic Tank: <u>1000</u> gallons Pump Tank: <u>1000</u> gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches of each ditch feet ditches feet ditches inches French Drain Required linear feet
French Drain Required
Authorized State Agent Date 9 5 14