HTE# 14-5-3362571 Harnett County Department of Public Health

				25549
PERMIT # 278	75	Operation Permi	<u>t</u> _	
		New Installation Sep	tic Tank Nitrification Line	☐ Repair ☐ Expansion
		PROPERTY LOCATION:	1435 Tripp RS	
Name: (owner)	DAMy Robinson Homes	SUBDIVISION DV	1435 Tripp PS	LOT # <u>55</u>
System Installer:	Eddie GARNELA	Registration #		
Basement with pluml	oing: 🗌 Garage 🗹 Number of Bedrooms			
Type of Water Suppl	y: Community Public Well	Distance from well	feet	
(In accordance with	Table V 2)	Owner must contact Health Departm	ent 6 months prior to expiration for pe	rmit renewal.
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This system has been inst	alled in compliance with applicable North Carolina General St	atura, Rules for Sewage Treatment an Disposal,	and all conditions of the Improvement Permit and	d Construction Authorization.
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PERMIT CONDITIONS:		CACO		
I. Performance:	System shall perform in accordance with Rule			
II. Monitoring:	As required by Rule .1961.			
III. Maintenance:	As required by Rule .1961. Other:			
	Subsurface system operator required? Yes		arta a	
IV. Operation:	If yes, see attached sheet for additional oper	ation conditions, maintenance and repo	rting.	
iv. Operation.				
V. Other:				
	D-Box \square Pump	□ Alarm □	H20Line □	PWR Line
Following are the sn	ecifications for the sewage disposal system on th	e ahove cantioned property		
Type of system:		tion sight Sep		Tank: gallons
Subsurface	No. of exact len	igth /	width of dep	th of
Drainage Field		ditch <u>300</u> feet	ditches feet ditc	thes 18-20 inches
French Drain Require	d: Linear feet	/	9-12	-1U
	C .	1 . /0	1-12	- , -,