| HIE# 14-5-34140 Harnett County Department of Public Health 23566 | |
|---|----------|
| PERMIT # 28/66 Operation Permit | |
| Name: (owner) Wynn Constantion Inc SUBDIVISION Tentres Repair Expression Number of Bedrooms How Installer: Thorson's Prune 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. | |
| 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 □ No □ If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | |
| V. Other: | |
| D-Box D-Box H20Line H20Line H20Line Following are the specifications for the sewage disposal system on the above captioned property. | PWR Line |
| Type of system: Conventional | gallons |
| Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch Co feet ditches feet ditches 1802 inc | hes |
| Authorized State Agent Date 3 26 25 | |