| HTE# 14-5-34 | H3CR Harnett | County Department | ment of Public H | lealth 2 | 3865 | |
|---|---|-------------------------------|--------------------|---------------------------|--------------------|--|
| PERMIT # 279 | 199 | Operatio | <u>n Permit</u> | 2 | 0000 | |
| | | New Installatio | n 🔯 Septic Tank 🗶 | Nitrification Line \Box | Repair 🗆 Expansion | |
| N | GARY ROBINSON | PROPERTY LO | CATION: TINGEN R | ٥ | 107 # 00 | |
| | EDDIE GARNER | | N MARKET PLACE | | _LOT # <u>92</u> | |
| Basement with plumbin | g: 🗆 🛛 Garage 🔀 Number of Bedroo | ioms 4 | | | | |
| Type of Water Supply: 🗆 Community 🕱 Public 🗆 Well Distance from well <u>100</u> feet 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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| BLUE CAR GI | | | | | | |
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| PERMIT CONDITIONS: | | | | | | |
| I. Performance: | System shall perform in accordance with R | Rule .1961. | | | | |
| | 8 I / | | | | | |
| | Subsurface system operator required? Yes | | | | | |
| IV. Operation: | If yes, see attached sheet for additional op | peration conditions, maintena | nce and reporting. | | | |
| 2000 | | | | - Internetion States | | |
| V. Other: | | | | | | |
| L | | | _Alarm 🗆 | H20Line 🗆 | PWR Line | |
| Type of system: | ications for the sewage disposal system on onventional 文 Other <u>Ciうみのな</u> | Ben Qut | | gallons Pump Tank: | gallons | |
| | No. of exact ditches 1 of each | length :h ditch feet | width of | depth of | 24-36 inches | |
| French Drain Required: | Linear feet | | | feet ditches | | |
| | | | | | | |
| Authorized State Agent Date 2 18 16 | | | | | | |