HTE# 14-5-3458 6

Harnett County Department of Public Health

23965

PERMIT #	<u>Operation Permit</u>
	New Installation Septic Tank Nitrification Line Repair Expansion
	PROPERTY LOCATION: Docs to
Name: (owner) WYNN CONSTRUCTIO	
System Installer: 14 ortons 800 mg/n	
Basement with plumbing: Garage Number of Bedroom	· <u> </u>
Type of Water Supply: Community Public Well	
System Type: (In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
(m attendance man table) a)	owner must contact reach beparament o months prior to expiration for period renewal.
This system has been installed in compliance with applicable North Carolina General S	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
2248	HOUSE HOUSE A 2 A 2 A 2 A 3 A 4 A 7 A 7 A 8 A 7 A 8 A 8 A 8 A 8
PERMIT CONDITIONS:	
 Performance: System shall perform in accordance with Rule Monitoring: As required by Rule .1961. 	.1961.
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes	
If yes, see attached sheet for additional opera	ution 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	
Type of system: \square Conventional $\not \bowtie$ Other $\not \sqsubseteq \not \sim \not \sim$ Exact length	0 1
Drainage Field ditches of each d	itch 6 feet ditches 3 feet ditches 12 inches
French Drain Required linear feet	
Authorized State Agent	Date 9)3)6