HTE# 15-5-3	05 396	Harnett County	Department of	f Public He	alth	23676
PERMIT # 281	8.8		Operation Permi	t		20070
	,		New Installation 🗹 Sep PROPERTY LOCATION: 🦯	tic Tank I Ni 1 Dougald	RS.	•
	Mass Home Bu	ilder	SUBDIVISIONMC	Dougald 11	مدو	LOT #/
System Installer: _ Basement with plumb		lymber of Bedrooms	Registration #			
Type of Water Supply			ce from well	feet		
System Type:		-9	• •	Systems expire in 5	,	
(In accordance with T	able v a)	Owner	must contact Health Departme	ent 6 months prior to	expiration for perm	nt renewal.
This system has been insta	led in compliance with applicable 1	North Carolina General Statutes, Rule	s for Sewage Treatment and Disposal,	and all conditions of the l	mprovement Permit and	Construction Authorization.
PERMIT CONDITIONS: I. Performance:	System shall perform in ac		Lepa. 'r Ally Iss Idourse Exic Place			
II. Monitoring:	As required by Rule .1961					
III. Maintenance:	As required by Rule .1961 Subsurface system operator	. Other: No 📈				
IV. Operation:	If yes, see attached sheet		litions, maintenance and report	ing.		
V. Other:						
	D-Box 🗆	Pump 🗆	Alarm 🗆		H20Line □	PWR Line
Following are the spec	fications for the sewage disp	oosal system on the above co	uptioned property.			-
Type of system: \Box	Conventional 🗵 Other	£21/0w	Septio	Tank:/000	-	ank: gallons
Subsurface Drainage Field	No. of ditches/	exact length of each ditch	v do seet di	idth of tches	depth feet ditches	of <u></u>
French Drain Required:		Linear feet	iot ui		icct ditties	muits

Drainage Field French Drain Required: Authorized State Agent

Date