Harnett County Department of Public Health

23599

PERMIT # ZOCYZ		<u>operation</u>			
		New Installation	🗆 Septic Tank 🗗	Nitrification Line \square	Repair Expansion
				ANG CLUBA	
Name: (owner) STROW	6 POUTIT Homes		Magralia (LOT # <u>17</u>
System Installer:	of ADDING	Registration	γ <i>γ</i>		
Basement with plumbing:	Garage Mumber of Bedrooms	4			
Type of Water Supply: Comm		Distance from well	feet		
	retrain System Type	III G- EZ LAS Types	V and VI Systems expire in	1 5 years.	
(In accordance with Table V a)	, ,,	Owner must contact Health	Department 6 months pri	or to expiration for permit	renewal.
This system has been installed in complian	nce with applicable North Carolina General State	ites, Rules for Sewage Treatment ar	nd Disposal, and all conditions of	the Improvement Permit and Const	ruction Authorization.
	11'	7B5	5 15 5	Pepe ENSMIED 7-348	
II. Monitoring: As require III. Maintenance: As require Subsurface	all perform in accordance with Rule .1 d by Rule .1961. d by Rule .1961. Other: system operator required? Yes ☐ No attached sheet for additional operati) 🗆	and reporting.		
nu o .:	•				
V 04h					
V. Other:					
□ D-Box	□Pump	□Alo	arm 🗆	H20Line 🗆	PWR Line
Type of system: Conventiona Subsurface No. of Drainage Field ditches	exact length of each ditc	ron	Septic Tank: 120 width of ditches 3	depth of	gallons
French Drain Required:	Linear feet				11
Authorized State Agest	s Ma	ha Re	N-4-	A -1 21	