HTE# 15-5-35775 Harnett	County Department of Public Health	23677
PERMIT # _ 23271	Operation Permit	am ** ** / /
	P New Installation P Septic Tank P Nitrification Lin	e 🗆 Repair 🗆 Expansion
	PROPERTY LOCATION: Losser P. Hom Red	
Name: (owner) Weaver Development	SUBDIVISION Pittman Crossing	LOT # 7
System Installer: Ott.s Strickland	Registration #	
Basement with plumbing: Garage Number of Bedroo	oms <u>3</u>	
Type of Water Supply: 🗆 Community 🛛 🖓 Public 🔲 W	ell Distance from well 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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PERMIT CONDITIONS: I. Performance: II. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
· · · ·	D-BoxPumpAlarmH20Line	PWR Line
Following are the spec Type of system:	cifications for the sewage disposal system on the above captioned property. Conventional 🗹 Other <u>EZF(</u> Septic Tank: <u>1000</u> gallons Pump Tank:	gallons
Subsurface Drainage Field	No. of $exact length$ 400 feet width of $depth$ of $ditches 30-18$	inches
French Drain Required	: Linear feet	
Authorized State A	gent my Mewinghett Date 6/4/2015	