HTE# 15-5-35847 Harnett County Department of Public Health 23887	7
PERMIT # _28370 Operation Permit	
🗹 New Installation 🗹 Septic Tank 🗹 Nitrification Line 🗆 Repair 🗆	Expansion
PROPERTY LOCATION: 02/420 Tofor MO	
Name: (owner) Charles + K4thy Marce SUBDIVISION LOT #	_/
System Installer: <u>Tomme</u> Coleg Registration # Basement with plumbing: Garage I Number of Bedrooms <u>3</u>	
Type of Water Supply: 🗆 Community 🔲 Public 🗹 Well Distance from well <u>100' +</u> feet	
System Type: <u>25% Refuterences the Type III &amp; Refuterence</u> 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 Sevage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authoriza	tion.
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75% Rol Repair	
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PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	
If yes, see attached sheet for additional operation 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 above captioned property. Type of system: 🗆 Conventional 🗹 Other <u>25% NATS</u> VANSeptic Tank: <u>1003</u> gallons Pump Tank:	gallons
Subsurface No of exact length width of depth of	Ű
Drainage Field ditches 3 of each ditch $80$ feet ditches 3 feet ditches $10 - 18$	inches
French Drain Required: Linear feet	
Authorized State Agent Janes & MARLANTE Date 1-15-16	