HTE#_	16	-5	-39	3389
PERMIT	# _	28	789	5

## Harnett County Department of Public Health

111211	2 A	273				
PERMIT # 287	Operation Permit	2/3				
		pair 🗆 Expansion				
	PROPERTY LOCATION: WILL LUCAS KD					
,		LOT # 34_				
System Installer:						
Basement with plumb Type of Water Supply	· · · · · · · · · · · · · · · · · · ·					
System Type: Types V and VI Systems expire in 5 years.						
(In accordance with 1	Table V a)  Owner must contact Health Department 6 months prior to expiration for permit renew	wal.				
This system has been insta	alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction	n Authorization.				
	125					
	REPAIR DREA					
	180					
	HOUSE					
	RAINMAKER ST.					
PERMIT CONDITIONS:						
I. Performance:	System shall perform in accordance with Rule .1961.					
II. Monitoring: III. Maintenance:	As required by Rule .1961.					
III. Maintenance:	As required by Rule .1961. Other:	<del></del> 1				
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.					
IV. Operation:		<del></del>				
V. Other:						
	D-Box	PWR Line				
Following are the spec	cifications for the sewage disposal system on the above captioned property.					
Subsurface	Conventional Other EZ FLOW Septic Tank: 1000 gallons Pump Tank:	gallons				
Drainage Field	ditches and each ditch 100 feet ditches 3 feet ditches 36	-47 inches				
French Drain Required:	Linear Seet Unicines Linear Seet Unicines					
1.0.3.72						
Authorized State Ag	gent Date 9716					