HTE# <u>16-5-</u> 3	Harnett County Department of Public Health
PERMIT # 250	24555
	🖂 New Installation 🗹 Septic Tank 🗹 Nitrification Line 🗆 Repair 🗆 Expansion
N	PROPERTY LOCATION 50 1412 POLICE IN
Name: (owner) _(System Installer: _	Unhalped Homes Inc SUBDIVISION <u>71+3</u> ites ence LOT # 10 TEN Brown Registration #
Basement with plumb	
Type of Water Supply	: Community Public Well Distance from well feet
(In accordance with T	able V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been instal	lled 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:	Rescure DA
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:
W O C	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	
V. Other:	
□	D-BoxPumpAlarmH20LinePWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: \Box Conventional \Box Other 15% (NATOR CAP) (Septic Tank: 1.25% gallons Pump Tank: gallons	
Subsurface	No. of exact length width of depth of
Drainage Field	ditches of each ditch feet ditches feet ditches inches
French Drain Required:	
Authorized State Ag	ent James & Manhar Date 2-27-17
0	0