HTF# 17-5-40654

## Harnett County Department of Public Health

mit# 11 5 7005-) Harrictt Ct	duity Department of Fublic Health	24465		
PERMIT # 2940)	Operation Permit			
	New Installation Septic Tank Nitrification Line	☐ Repair ☐ Expansion		
	PROPERTY LOCATION: WILL LUCAS RO			
Name: (owner) ATLANTIC CONST. INC	SUBDIVISION SWEETHATER	LOT # <u>49</u>		
System Installer: Hazor Seenc	Registration #			
Basement with plumbing:  Garage Number of Bedrooms	4			
Type of Water Supply:   Community  Public  Well	Distance from well 100 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 pe	ermit renewal.		
his system has been installed in compliance with applicable North Carolina General Sta	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit an	d Construction Authorization.		

PROPOSED HOUSE DR- 20 FOLLY CT.

PERM	IT CONDITIONS:		Ø.	1991			
1.	Performance:	System shall perform	in accordance with Rule .1961.				
II.	Monitoring:	As required by Rule .	.1961.				
III.	II. Maintenance: As required by Rule .1961. Other:						
Subsurface system operator required? Yes \( \square\) No \( \square\)  If yes, see attached sheet for additional operation conditions, maintenance and reporting.						<del></del> .	
IV.	Operation:	and Market and American American Structure and American A					
					200		
٧.	Other:	Other Sistem INSTALLED AFTER FOOTING WAS POURED					
		D-Box 🗆	Pump 🗆	Alarm 🗆	H20Line □	PWR Line	
Follow	ving are the speci	fications for the sewag	e disposal system on the above captioned	property.			
	of system: 🗆	Conventional 🔀	Other EZ From		OO gallons Pump Tank:	gallons	
Subsu	rface	No. of	exact length	width of	depth of		
Draina	age Field	ditches	of each ditch _ 240	feet ditches	feet ditches 55	inches	
French	Drain Required:		Linear feet				
Auth	orized State Ag	ent	R IIII	SH3 Da	ite 3817		