## HTE# 17-5-40660 Harnett County Department of Public Health

	MIT # 293	322 Angustian Payrett
PERI	MIT # / _	
		✓ New Installation ✓ Septic Tank ✓ Nitrification Line ☐ Repair ☐ Expansion
м	/ · · · · · · · · · · · · · · · · · · ·	PROPERTY LOCATION 30 1441 Cholyboat Spings RD
		Confort Homes FIC. SUBDIVISION Canslisk LOT # 6
	em Installer: _	Registration #
	ment with plumbin of Water Supply:	
	em Type: Pun	
	accordance with Ta	indus and the second se
		Owner must contact Health Department 6 months prior to expiration for permit renewal.
This s	ystem has been installe	led in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
		*
		Covert Risers
		1-11'
		10-10
		8
		1 V D D
		3100
		12'
		C1- 1-14 2
PFRM	IIT CONDITIONS:	Cros Lank De
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:
		Subsurface system operator required? Yes \( \subseteq \text{No} \subseteq \)
IV.	Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
17.	орегации.	
٧.	Other:	
Follow	ving are the specif	ifications for the sewage disposal system on the above captioned property.
	of system: $\Box$ (	
Subsu		No. of exact length width of depth of
	age Field	ditches of each ditch feet ditches feet ditches inches
French	h Drain Required:	Linear feet
		06/28/17