HTE# 17-5-40304	Harnett County Department of Public Health 24	741
PERMIT # 29425	Operation Permit	
	New Installation Repair Septic Tank Nitrification Line Repair PROPERTY LOCATION: NURSER Repair	ir 🗆 Expansion
Name (auma) VEI 200 Cras	PROPERTY LOCATION: NURSERY KD NTRACTORS INC SUBDIVISION HODEN LAKES LO	T # ( 1)
System Installer: TED BOOM	NN Registration #	1#_67
Basement with plumbing: 🗆 🛛 Garage 🔀	Number of Bedrooms	
Type of Water Supply: 🗆 Community 🗙 System Type:	Public 🗌 Well Distance from well feet 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 permit renewal	
This system has been installed 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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	HOUSE	
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	MAGNOLIA DR	
PERMIT CONDITIONS:		
I. Performance: System shall perform in	n accordance with Rule .1961.	
II. Monitoring: As required by Rule .I III. Maintenance: As required by Rule .I		
Subsurface system oper	rator required? Yes 🗆 No 🔀	
IV. Operation:	neet for additional operation conditions, maintenance and reporting.	
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  K 0 Subsurface No. of	Other CHAMBER (QHT)     Septic Tank: 1000 gallons Pump Tank:       exact length     width of	
Drainage Field ditches <u>3</u> French Drain Required:	$\_$ of each ditch $\underline{\sim}$ feet ditches $\underline{\rightarrow}$ feet ditches $\underline{\rightarrow}$ feet ditches	30 inches
Authorized State Agent	Date 9 27 17	