HTE#_17-5	-40978	Harnett County	Department of	Public Healt	:h 24	782
PERMIT # 25	356	-	Operation Permit			
		Ne	w Installation Septi	ic Tank Nitrific	ation Line 🗆 Repa	ir 🗆 Expansion
<	7 1 01	F	ROPERTY LOCATION:	MYS ATKEN	SRO	
	Koyal Onks	B106	SUBDIVISION AT LOC		LO LO	T#39_
System Installer: _ Basement with plumb	DENNES I	Number of Bedrooms 3	Registration #	· · · · · · · · · · · · · · · · · · ·	•	
Type of Water Supply	ing.   Garage  Community		from well f	eet		
System Type: Fro to 25 Med 538 To Type 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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PERMIT CONDITIONS:		31	heit		3 855	
I. Performance:	System shall perform in	accordance with Rule .1961.	1			
II. Monitoring:	As required by Rule .19					
III. Maintenance:	As required by Rule .19	61. Other: tor required? Yes 🗆 No 🗀				
		et for additional operation condit	ions, maintenance and reportion	ng.		
IV. Operation:	-	,		•		
V. Other:						
United.	D-Box □	Pump	Alarm 🗆	H	20line □	PWR Line
104		disposal system on the above cap	tioned property.			
Type of system:	Conventional Ot	her 75 m Red	Septic		gallons Pump Tank:	gallons
Subsurface	No. of	exact length	wi	dth of	depth of	SAL
Drainage Field French Drain Required	ditches	of each ditch Linear feet	40 teet dit	ches fe	et ditches	inches inches
Jan Hogarica		<u> </u>	KAR TEHS			
Authorized State A	gent Janes	E MANhor	Jan Cens	Date	1-9-18	
		L C	V			

