HTE# 17-5-	40588 Harnett County Department of Public Health 24482
PERMIT # 291 °	<u>Operation Permit</u> New Installation Septic Tank V Nitrification Line Repair Expansion
	PROPERTY LOCATION: 5/ 1735 Anter A CH ZD
Name: (owner)	PROPERTY LOCATION: SC/735 Antroch CH ZS Sign Africe Home BIDRS SUBDIVISION LOT # OTTLES STRICKLOOD Registration #
System Installer:	OTTES STRICKLATERS Registration #
Basement with plumbi	ing: 🗆 Garage 🗀 Number of Bedjeroms
Type of Water Supply:	: Community $\Box$ Public $\checkmark$ Well Distance from well <u>100'+</u> feet
(In accordance with T	able V a) Type FFT 13 FCLAPPyner must contact Health Department 6 months prior to expiration for permit renewal.
inis system nas been instai	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.
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	SR1735 Antioch Ut RD
PERMIT CONDITIONS:	
I. Performance: II. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.
III. Maintenance:	As required by Rule .1961. Other:
	Subsurface system operator required? Yes 🗆 No 🗀
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
V. Other:	
	D-BoxPumpAlarmH20LinePWR Line
Following are the spec	ifications for the sewage disposal system on the above captioned property. Conventional D Other 25% REDUCTION Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Type of system: 🗆 Subsurface	Conventional Image: Description of the sector of the s
Drainage Field	ditches 3 of each ditch 100 feet ditches 3 feet ditches $20^{\circ}$ inches
French Drain Required	
Authonized Ctate A	ent me E Markon for TRANS Date 6-7-17
Authorized State A	ent ane CMarkon Date 6-7-17