HTE# 17-5-4	1066	Harnett County Departme	nt of Public Health	24694
PERMIT # <u>29459</u> Operation Permit				
New Installation Septic Tank Nitrification Line Repair Expansion				
-	Jerry Dwayne.		ION. 190 Decker Line	De (Cosististation
Name: (owner)	Ann Green	SUBDIVISION	101: 190 nocky Water 1	INT # STILL
System Installer:	Tommy Coo	Registration	#	
Name: (owner) Amy Gragery SUBDIVISION LOT # Smaller: System Installer: Tommy Cooleg Registration #				
Type of Water Supply: 🗌 Community 🛛 🖓 Public 🔲 Well Di <u>sta</u> nce from well feet				
System Type: <u>75% Auduction 593. III-5</u> 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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		ŝ	ZSic REDUCIONS REPAIR	
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PERMIT CONDITIONS:				
I. Performance:	System shall perform in	accordance with Rule .1961.	KInstell Deep to shall	00
II. Monitoring:	As required by Rule .19		Beyin 24in to deepe	r in homena
III. Maintenance:	As required by Rule .19	61. Other:		Sorve (All level)
		tor required? Yes 🗆 No 🖃		h laser and level
IV. Operation:	If yes, see attached she	et for additional operation conditions, maintenance a	nd reporting.	
n. operation.	,			
V. Other:	3 			
□	D-Box 🛛	Pump 🗆Ald	arm 🗆 H20Line 🗆	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.				
Type of system: Conventional Other <u>Fz Flaw III g</u> Septic Tank: <u>ICCC</u> gallons Pump Tank: gallons				
Subsurface	No. of ditches	exact length		th of
Drainage Field French Drain Required:		of each ditch <u></u> feet Linear feet	ditches <u> </u>	hes <u>30#/E</u> inches
Authorized State Agent Date Date Date Date				
ANDREW CURREN				
		11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(And set)	













