HTE# 17-5-41499

Harnett County Department of Public Health

24859

PERMIT # 29554

On a mation - Down it

PERMIT # d 1554	_	operation ren		and the same of th	
	N	w Installation	Septic Tank Nit	rification Line 🗆 Repai	r 🗆 Expansion
		PROPERTY LOCATION:_	400 Avery Po	nd Dr. (Chalybeat	e el. 52 1420
Name: (owner) Wynn Co					
System Installer: Thorte		Registration #	0		
	☑ Number of Bedrooms				
Type of Water Supply: Community		from well ~~~	feet		
	eduction & III		d VI Systems expire in 5 y	rears.	
(In accordance with Table V a)	Owner	must contact Health Depa	rtment 6 months prior to	expiration for permit renewal.	
This system has been installed in compliance with a	Po		osal, and all conditions of the Ir	mprovement Permit and Construction A	uthorization.
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	AVERY	POOD D	n.		
PERMIT CONDITIONS:	:				
	orm in accordance with Rule .1961.				
	ile .1961. Other:				
	operator required? Yes 🗆 No 🖵				_
	ed sheet for additional operation cond	itions, maintenance and r	eporting.		
IV. Operation:					
V. Other:					
□ D-Box □	Pump	Alarm		H20Line □	PWR Line
Following are the specifications for the se	0.000.001.84				
	Other EZ Flor	SIT,	Septic Tank: 125	gallons Pump Tank:	gallons
Subsurface No. of	exact length	7/	width of	ا المحاد	,
Drainage Field ditches	or cach ditch	75 feet	ditches 3	feet ditches 24	inches
French Drain Required:	Linear feet				
				. \	
Authorized State Agent	man k	eles No	HS Date	12/2017	