HTE# 18-5-4	Harnett County Department of Public Health	25216
PERMIT # 29858 Operation Permit		
	New Installation Septic Tank Nitrificat	ion Line Repair Fxpansion
	PROPERTY LOCATION: 369 Mago A	
Name: (owner)	eremy structured subdivision	
System Installer: Wholey Enterprise Registration #		
Basement with plumbing: Garage Number-of Bedrooms 3		
Type of Water Supply: Community Public Well Distance from well feet		
System Type: 25% reduction Sys. Hy		
(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.		
4		
	REPAIN	* 40FT FROM
	PART REPAIR	LINE 1
		LINEI
	Q4 C44 100 3	
	1 CHA (3)	
	OH 1000	
	151 -0	
	40' 1'	
	as 70 mont	
	REPAIL	
	ANGA 200 R	
	361 SFD	
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	Y	
PERMIT CONDITIONS:	MANN 20AD (52 1853)	
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring:	As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
		OLine Department
Following are the specifications for the sewage disposal system on the above captioned property.		
Type of system: Subsurface	Conventional Other GH Character The Septic Tank: 1000 g No. of exact length width of	allons Pump Tank: gallons
Drainage Field	ditches 3 of each ditch 600 feet ditches 3 fee	depth of ditches 22+18 inches
French Drain Required:		- menes

Authorized State Agent_

Date 10 31 2018