HTE# EH 1906-0017 Repair

Harnett County Department of Public Health

PERMIT # 3058	2	Operation Permit ☐ New Installation ☑ Septic Tank ☐ Nitrification Line ☑ Repair ☐ Exp	
		PROPERTY LOCATION: 14. 421 to Large Ave 172	ansion
Name: (owner)	*****		
System Installer:	At R Septi Ticky los	fo Ja Registration #	
Basement with plumbin Type of Water Supply:	0 /	ms <u>3</u>	
	EXISTING SYSTEM	Types V and VI Systems expire in 5 years.	
(In accordance with Ta	ble V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installe	d in compliance with applicable North Carolina General	Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
•		The state of senage realment and orsposal, and an conditions of the improvement remit and construction Authorization.	
		BY 3BM EP STREET LAMMANE	
PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rul	le .1961.	
	As required by Rule .1961.		
III. Maintenance:	As required by Rule .1961. Other:] No □	
	If yes, see attached sheet for additional open	eration conditions, maintenance and reporting.	
IV. Operation:			
V. Other:			
J	Pump	□ Alarm □ H20Line □ PW	WR Line
	cations for the sewage disposal system on th		
	onventional Other DEA No. of exact ler	gallons Pump Tank: g ngth width of depth of	gallons
Drainage Field	ditches of each	ngth width of depth of ditches inche	es
French Drain Required: _	Linear feet		
Authorized State Age	Dones E' Ma	Date 7-11-19	