HTE#	FH	2005	-000

Harnett County Department of Public Health

No. 26120

PERMIT #		Operation Permit		
			nk 🗵 Nitrification Line 🗷 Repair 🗆	Expansion
_		PROPERTY LOCATION: 3do		2241
Name: (owner)	Tuke Hamnyton,	SUBDIVISION NOCC	dshire LOT #_	6
System Installer:	- 4 (0 0 1) -	Registration #		
Basement with plumbing		_3		
Type of Water Supply:		Distance from well feet		
System Type:		Types V and VI Systems		
(In accordance with Tab	ble V a)	Owner must contact Health Department 6 m	onths prior to expiration for permit renewal.	
This system has been installed	d in compliance with applicable North Carolina General Sta	tutes, Rules for leavage Treatment and Disposal and all co	onditions of the Improvement Permit and Construction Authorization	on.
	Partial Rumpto 25% Red. Repair	Existing 3BR SF	Partial 25%. Reductor Repair 40.	
DEDMIT CONDITIONS.				
PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule .	WOODSNIVE DY		
	As required by Rule .1961.	.,,,,		
	As required by Rule .1961. Other:			
	Subsurface system operator required? Yes 🗆 N			
	If yes, see attached sheet for additional operat			
IV. Operation:				
V. Other:				
	D-Box	□ Alarm □	H20Line 🗆	PWR Line
	cations for the sewage disposal system on the	above captioned property.		
Type of system: Co			EX13+ gallons Pump Tank:	gallons
	No. of exact-lengt ditches 3 of each dit	h ch 40 feet ditches	3 feet ditches 18-24	inches
French Drain Required:		cii ieet uitclies _	D leet dittiles 10 C	liicies
· ·	21/11		, , -	
Authorized State Agei	nt Dott llan LE	HS-I	Date 4/3/2020	