| HTE# | Harnett County Department of Public nealth 2480 | 13 |
|-------------------------------------|--|-------------|
| PERMIT # 2995 | • • | |
| | □ New Installation □ Septic Tank ☑ Nitrification Line ☑ Repair □ | ☐ Evenneior |
| | PROPERTY LOCATION STORES AS A BOLL MAKE TO | → Expansion |
| Name: (owner) | Bethy A Jahasa SUBDIVISION LOT # | 7 |
| System Installer: _ | Claus Registration # | |
| Basement with plumb | oing: Garage Mumber of Bedrooms 3 | |
| | Community Public Well Distance from well 58 feet Type IV G Types V and VI Systems expire in 5 years. | |
| (In accordance with T | | |
| | EZ LAG | |
| This system has been instal | alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorize | ation. |
| | | |
| | 112' | |
| | EXSWMH 15 | |
| | EXSUMA IS | |
| | 10 | |
| | BIDG | |
| | 11 / | |
| | New | |
| | EXT OD : | |
| | 37 38m | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 41 | |
| | Z 1873 3-11 A 1-1 | |
| | 5x1563 Bell Avery | |
| DEDMIT COMPLETIONS | | |
| PERMIT CONDITIONS: 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: | |
| | Subsurface system operator required? Yes \(\sime\) No \(\sime\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| | | |
| V. Other: | | |
| | D-Box | PWR Line |
| Following are the speci | ifications for the sewage disposal system on the above captioned property. | |
| Type of system: Subsurface | ganons rump rume. | gallons |
| Drainage Field | No. of exact length width of depth of ditches feet ditches | inches |
| French Drain Required: | | |
| | Mahada Maria | |
| Authorized State Ag | gent anes < MANNAT Date 4-17-18 | |