| HTE# 13-5-31305 Harnett County Department of Public Health | |
|---|---------|
| PERMIT # 27392 Operation Permit 22700 | |
| 🗹 New Installation 🗹 Septic Tank 🗹 Nitrification Line 🗆 Repair 🗆 Expan | sion |
| Name: (owner) Clos Hones SUBDIVISION Proper LOT # 8 | |
| Mallie. (While) 000 pr | _ |
| Basement with plumbing: Garage Number of Bedrooms 3 | |
| Type of Water Supply: Community Public Well Distance from well feet System Type: 25% ZEDUCTON System Type: III C CZ Way Types V and VI Systems expire in 5 years. | |
| (In accordance with Table V a) | |
| 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. | |
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| 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: | |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | |
| V. Other: | |
| | VR Line |
| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: 🗌 Conventional 🔽 Other <u>25%/373 DUCT162- System</u> Septic Tank: <u>1000</u> gallons Pump Tank: g | allons |
| Subsurface No. of exact length width of depth of | |
| Drainage Field ditches <u>3</u> of each ditch <u>BD</u> feet ditches <u>3</u> feet ditches <u>29</u> inche French Drain Required: Linear feet | |
| \$ 11 | |
| Authorized State Agent pros 211 Andrea Date 9-23-13 | |
| \mathcal{V} | |