HTE# 16-5-39672

Harnett County Department of Public Health

24265

720160

PERMIT # 290	40	<u>Operation</u>	Permit		
	-			Nitrification Line Rep	air 🗌 Expansion
		PROPERTY LOCAT		Ebbyca	2000
Name: (owner)	SUEVARA SUSANA !	Colingo BDIVISION_	1499714967034	L	OT #
	CARBONAS CONSTANI		n #		Name of the second
Basement with plumbi	ng: Garage Mumber of Bedrooms	_3	-		
Type of Water Supply:	☐ Community ☑ Public ☐ Well	Distance from well	feet	35 · 1883	
System Type:	pto is to reduction	Types Owner must contact Health			21
(In accordance with Ta	DIE V a)	Owner must contact nearth	n Department o monuis p	prior to expiration for permit renewa	11.
This system has been install	ed in compliance with applicable North Carolina General Sta	1 52	CALL!		
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			by		
PERMIT CONDITIONS:		1 k.	Thy Chi		
I. Performance:	System shall perform in accordance with Rule	.1961.			
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:				
III. Hallitenance.	Subsurface system operator required? Yes \(\sigma\) I	No 🗆			32 103
	If yes, see attached sheet for additional opera		and reporting.		
IV. Operation:		70 T 10 (10 mm)	1 0		
100				Name of the second seco	
V. Other:					
	D-Box	□A	Narm 🗆	H20Line 🗆	PWR Line
Following are the speci	fications for the sewage disposal system on the			~	
Type of system:	Conventional Other 25% Ross		Septic Tank: 10	gallons Pump Tank: /	000 gallons
Subsurface	No. of exact leng	th	width of	depth of	()
Drainage Field		tch <u>ZYO</u> feet	ditches	feet ditches 12	inches
French Drain Required:	Linear feet		-		
	9 W/1	A TOTAL			
Authorized State Ag	ent fans (MANHA	ny .	Dat	te 12-2-16	