Harnett County Department of Public Health HTE# 16-5-431732 24151 PERMIT # 2 4634 Operation Permit New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: 3158 Comeron Hill red. (se 1108) Name: (owner) Justin + Jessica Tahilramani SUBDIVISION System Installer: Ted Brown ____ Registration # Basement with plumbing:
Garage
Number of Bedrooms Type of Water Supply:

Community Public Well Distance from well 100 + feet System Type: 25% reduction 575. Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. 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. * a bedroom swm4 onsite * System sized for 4 bedroom DRIVE 4BR SWAH

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PERMIT	T CONDITIONS:			1119200	1-11-6	RUAD	31	3011			
I. II.	Performance: Monitoring:		all perform i d by Rule .1	n accordance with Rul 961.	e .1961.						
III.	Maintenance:	As require	d by Rule .1	961. Other: rator required? Yes		and the second s			-		-
IV.	If yes, see attached sheet for additional operation conditions, maintenance and reporting. Operation:										_
٧.	Other:										
J		D-Box		Pump	o	Alarm			H20Line		PWR Li
Followin	ng are the speci	ifications for	the sewage	disposal system on th	e above captioned	property.			7	50151	
ubsurfa	ace	No. of	1	ther <u>Q4</u> Char exact len	gth	13	width of		gallons	Pump Tank:	gallons
	e Field Drain Required:	ditches		of each o Linear feet	ditch 150	feet	ditches _	3	feet	ditches $18 \rightarrow 3$	inches

02/13/2018

Date

Authorized State Agent_

18-5-43173R