HTE# 11-5-27687R

Harnett County Department of Public Health

PERMIT # <u>26730</u>	Operation Permit	22719
		litrification Line 🔲 Repair 🖂 Expansion
	PROPERTY LOCATION: BALLEYS X	
Name: (owner) WALTER ! RANGHOUDA)	HINTON SUBDIVISION	LOT #
System Installer: DOCOCK GRADING	Registration #	
Basement with plumbing: Garage Number of Bedroon		
Type of Water Supply: Community Public Wel		
System Type:	Types V and VI Systems expire in 5	•
(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	PONO	Improvement Permit and Construction Authorization
1113 3/3/cent has been instance in compnance with applicable forth caronna deficial		improvement remit and constitution Authorization.
	REPAIR REPAIR ARCS	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rul	ia 1961	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes □		
If yes, see attached sheet for additional operation:	eration conditions, maintenance and reporting.	
ii. Operation.		
V. Other: No STEPBOWN ON BOTH	om LANE, 40' RUNS	
□ D-Box □ Pump	□Alarm □	H20Line 🗆 PWR Line
Following are the specifications for the sewage disposal system on the	he above captioned property.	
Type of system: Conventional Other EZFLC		gallons Pump Tank: gallons
Subsurface No. of exact le		depth of
Drainage Field ditches A of each French Drain Required: Linear feet	ditch 80 feet ditches 3	feet ditches inches
State schulch		
Authorized State Agent	P S HS Date	ulkly