HTE#_	12-	5-	290	04	R

Harnett County Department of Public Health

πιπ <u></u>	Operation Permit	22483	
PERMIT # 27219	Operation Permit	✓ Nitrification Line ☐ Repair ☐ Ex	
	PROPERTY LOCATION: Section		pansion
Name: (owner) Marily & Mottleis		LOT #	
System Installer: Exact Taple	Registration #		
Basement with plumbing: Garage Number of Bedrooms			
Type of Water Supply: Community Public Well	Distance from well 100' feet Types V and VI Systems ex	nire in 5 years	
System Type: Pup to Covertional System. (In accordance with Table V a)	Owner must contact Health Department 6 mont	ns prior to expiration for permit renewal.	
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Construction Authorization	
This system has been installed in compliance with applicable North Carolina General Sta	ttutes, Rules for Sewage Treatment and Disposal, and all condi	ions of the improvement remut and construction Addionization.	
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5	. L		**
PERMIT CONDITIONS:	70	TYP BE	
I. Performance: System shall perform in accordance with Rule	. 1961.	[H Paun	
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:	Tox Co	<u> </u>	
Subsurface system operator required? Yes 🗆	No - / repair	**	
If yes, see attached sheet for additional oper	ration conditions, maintenance and reporting.		
IV. Operation:	(Sister		
V. Other:	nego-		
□ D-Box □ Fump	□Alarm □	H20Line 🗆	_ PWR Line
Following are the specifications for the sewage disposal system on the	e above captioned property.	1000	U
Type of system: Conventional Other	an in a septic Tank:	1000 gallons Pump Tank: 1000 depth of	gallons
Subsurface No. of exact let Drainage Field ditches Ex of each	ditch FY feet ditches _		inches
French Drain Required: Linear feet			
× 11	1 far rous		
Authorized State Agent	mhony	Date	-