Harnett County Department of Public Health

PERMIT # 18-5	-43143	Operation	Permit		
		New Installation	Septic Tank 🗵 Ni	trification Line \Box	Repair Expansion
	M		ITION: NORRINGTO		
Name: (owner)		SUBDIVISION	DONALD MANO	SUM	_LOT # <u>6</u>
System Installer: _	YELLOW DOC	3			
Basement with plumbi	ng: □ Garage □ Number of Bedrooms □ Community ጆ Public □ Well	Distance from well	feet		
System Type:			es V and VI Systems expire in 5	years.	
(In accordance with T	able V a)	Owner must contact Heal	th Department 6 months prior to	o expiration for permit re	newal.
This system has been instal	ed in compliance with applicable North Carolina General St	atutes, Rules for Sewage Treatment	and Disposal, and all conditions of the	Improvement Permit and Constru	ction Authorization.
					6
	HOM E	Tia			
PERMIT CONDITIONS:		10/1			
 Performance: Monitoring: 	System shall perform in accordance with Rule As required by Rule .1961.	.1701.			
III. Maintenance:	As required by Rule .1961. Other:				
	Subsurface system operator required? Yes If yes, see attached sheet for additional operator	No N	a and reporting		
IV. Operation:	yes, see attached sheet for additional open				
V. Other:					
	D-Box	р 🗆	Alarm	H20Line	PWR Line
	cifications for the sewage disposal system on th	e above captioned property.			
Type of system: Subsurface	Conventional X Other CHANGE No. of exact let		Septic Tank: 1000	gallons Pump Tank: depth of	gallons
Drainage Field	ditches of each	ditch 225 feet	ditches3	feet ditches	8-22 inches
French Drain Require					
Australia Cont		~	D-4	whale	
Authorized State A	gent 40 Ha	PE-HS	Date _	7 12001	