HTE# 5FD 1809-0033 Harnett County Department of Public Health

25294

PERMIT # 290		
	New Installation Septic Tank Nitrification Line	Repair   Expansion
	PROPERTY LOCATION: 944 mclamb rd. (5	1 2003)
Name: (owner) _	Robert + Deborah Appel SUBDIVISION	LOT #
System Installer:	Junior Cardenate Registration #	
Basement with plumb	bing: Garage Number of Bedrooms 2	
Type of Water Supply		
	25% reduction Sys TIIG 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 r	renewal.
This system has been insta	alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Const	ruction Authorization.
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		MCLAMB
	25% REDUCTION	3
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PERMIT CONDITIONS:		
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring:	As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
	Subsurface system operator required? Yes No	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
		PWR Line
Following are the speci	ifications for the sewage disposal system on the above captioned property.	I WY LINE
Type of system:	Conventional Other Et Flow THE Septic Tank: 100 gallons Pump Tank:	gallons
Subsurface	No. of exact length width of depth of	gallons
Drainage Field	ditches of each ditch	26-24 inches
French Drain Required:		indics
	11/1	
Authorized State Ag	gent (Mexit 1011/14)5 Date 12/19/2018	3