HTE# 31912-0004

Harnett County Department of Public Health

25380

PERMIT # 30303	Operation Per	mit	5	11566
	New Installation		fication Line 🗆 R	epair 🗌 Expansion
		20 castello		
Name: (owner) Signature Home Blds		alillian rea		LOT #
System Installer: 1000 Backhoe Service Registration #				
Basement with plumbing: Garage Number of Bedrooms 4				
Type of Water Supply: Community Public Well Distance from well 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.				
A K				
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.				
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DERMIT CONDITIONS:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule	1961.			
II. Monitoring: As required by Rule .1961.	of constano			
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes f	LT.			
If yes, see attached sheet for additional opera		eporting.		
IV. Operation:	, and the	9.	848. A. O.	
V 0.1				
V. Other:				
□	Alarm		H20Line \square	PWR Line
Following are the specifications for the sewage disposal system on the Type of system: Conventional Other F		Septic Tank: 1000	gallons Pump Tanks	rallane
Subsurface No. of exact leng	h	width of	depth of	9900
Drainage Field ditches of each di		ditches3	feet ditches	inches inches
French Drain Required: Linear feet				
Authorized State Agent	Mary Will	Date	09/30/2	1019