HTE# 575/8/2-003572

Harnett County Department of Public Health

25693

PERMIT # 30	325	Operation Permit	57-2215
Name: (owner)	Mohler Enter Fac	PROPERTY LOCATION: 104 Po	Nitrification Line Repair Expansion The Dr. (Harrett Control al.) LIEN LOT # 22
System Installer:		Registration #	
Basement with plumbin	9		
Type of Water Supply:	Community & Public Well	Distance from well feet Types V and VI Systems exp	ive in E years
(In accordance with Tal		Owner must contact Health Department 6 month	A second
w•	,		· · · · · · · · · · · · · · · · · · ·
This system has been installe	f in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all condition	ons of the Improvement Permit and Construction Authorization.
		30'	* 1500 GAL TANK * D-BOX EQUAL
			DISTRIBUTION
	و ا	# 1/3/ /2/	* 28 CHAMBERS EACH W/ ENDCAPS
		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	1 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ \$2' \$9!	
	/	7/ 15/ 10	
		562 SFD	
		200	
	g	DIW	
PERMIT CONDITIONS:			-
I. Performance:	System shall perform in accordance with Rule	196t. CINER DRIVE	1
II. Monitoring: III. Maintenance:	As required by Nule .1701.		
Traintenance.	Subsurface system operator required? Yes 🗆	10 🗆	
W O	If yes, see attached sheet for additional opera		
IV. Operation:			
V. Other:			
		□ Alarm □	H20Line 🗆 PWR Line
	cations for the sewage disposal system on the conventional		gallons Pump Tank: gallons
Subsurface	N (depth of
Drainage Field	ditches of each di	tch 94 feet ditches	$\frac{3}{}$ feet ditches $\frac{18-24}{}$ inches
French Drain Required:	Linear feet		
Authorized State Age	ent Carried	12 NOLE	Date08/08/2019