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HTE#_SFD 1903	62-0046 Harnett County Department of Public Health	5821
PERMIT # 304	Operation Permit	0021
Name: (owner) System Installer: _ Basement with plumb Type of Water Supply System Type: _259 (In accordance with T	New Installation Septic Tank Nitrification Line PROPERTY LOCATION: SOLITES OID STAGE TO SUBDIVISION SUBDIVISION Registration # Registration # Registration # Public Well Distance from well feet Po Reserver System Type III & EZCAL Types V and VI Systems expire in 5 years.	LOT # _ <i>_/4</i>
This system has been mother		
PERMIT CONDITIONS:	John Fino Report Rep	ative
I. Performance:	1	
II. Monitoring:	As required by Rule .1961.	
III. Maintenance:		
	Subsurface system operator required? Yes \square No \square If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	m yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
	D-Box	PWR Lin
Following are the speci	pecifications for the sewage disposal system on the above captioned property.	
Type of system:		gallons
Subsurface Drainage Field	No. of exact length width of depth of ditches 2 of each ditch 150 feet ditches 3 feet ditches 20	1-VR inches
French Drain Required:	ditents	1-38 inches

Authorized State Agent