HTE#5F01902-0049

Authorized State Agent\_

## Harnett County Department of Public Health

No. 26057

mainett co	runty bepartificing of rubing fleatili 10.20	U
PERMIT #	Operation Permit	
	New Installation Septic Tank Mitrification Line  Repair Expair	nsior
	PROPERTY LOCATION: 54 WYNNOLOGE DOZ-	113101
Name: (owner) On 100 Building Co	SUBDIVISION YMNEDGE LOT # 17	
System Installer: GENES BACKHOL	Registration #	_
Basement with plumbing:  Garage Number of Bedrooms	3	
Type of Water Supply:   Community Public   Well	Distance from wellfeet	
System Type:	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.	
This system has been installed in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
	£ ES'	
	· † .	
	10	
	1 1 1 1	
	l e l	
	1 E I I A	
** **	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<u> </u>	1 ) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	12 1 1 1	
	1 (203)	
	1 3   1   1	
	× 2	
	g	
	l	
	HOUSE	
	رُد	
<u> </u>		
	WYNNRIOGE DR.	
PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with Rule .	1961	
II. Monitoring: As required by Rule .1961.	701.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes 🗆 N		
If yes, see attached sheet for additional operati	on conditions, maintenance and reporting.	
V. Operation:	<del></del>	
/. Other:		
D-Box	□Alarm □ H20Line □ PWF	R Line
ollowing are the specifications for the sewage disposal system on the a	bove captioned property.	
ype of system:  Conventional Other EZ From	ganons runn. gan	ons
ubsurface No. of exact length	width of depth of	
ramage rield ditches of each ditch	h 200 feet ditches 3 feet ditches 18 inches	
rench Drain Required: Linear feet		
	. 3	

Date \_\_\_