Authorized State Agent_

HTE# SFD 1903-0029	Harnett County D	epartment of Public	Health	0.00.00
PERMIT #	0 p	eration Permit		25887
	X New I	nstallation 🛮 Septic Tank 🔀	Nitrification Line	☐ Repair ☐ Expansio
	PROI	PERTY LOCATION: 107 Se	ENIC WAY	1 —
Name: (owner) Ryen Tro	MAS	BDIVISION		LOT #
System Installer: Chinton	ROAD SEPTIC	Registration #		
Basement with plumbing: Garage	Number of Bedrooms		_	
Type of Water Supply: Community	Public	well feet		
System Type:		Types V and VI Systems expire		
(In accordance with Table V a)	Owner must	contact Health Department 6 months p	prior to expiration for permi	it renewal.
This system has been installed in compliance with applicable	North Carolina General Statutes, Rules for Se	rage Treatment and Disposal, and all conditions	of the Improvement Permit and Co	onstruction Authorization.
LAMBENCE RO	Tomas De Cari	800° 802.00 800°		
PERMIT CONDITIONS:	4-2-1-2-2-2			
	accordance with Rule .1961.			
 Monitoring: As required by Rule .196 Maintenance: As required by Rule .196 				
	or required? Yes 🗌 No 🗌			
If was see attached sheet	for additional operation conditions,			
/. Operation:	for additional operation conditions,	naintenance and reporting.		
Othor				-
Other:	D		000000000000000000000000000000000000000	
D-Box	Pump 🗆	Alarm 🗆	H20Line 🗆	PWR Line
ollowing are the specifications for the sewage dis ope of system: Conventional Othe	[7 C.		0 -11 5 -	1
ubsurface No. of	exact length	Septic Tank: 100 width of		k: gallons
rainage Field ditches	of each ditch 150		depth of	18-12
rench Drain Required:	Linear feet	sct dittiles	feet ditches _	inches

Date 129 20