| HTE# | SFD | 1906 | -0036 |
|------|-----|------|-------|
| | | | |

Harnett County Department of Public Health

25809

| | 23009 | |
|---------------------------------|--|------------|
| PERMIT # | Operation Permit | |
| | 🗹 New Installation 🗹 Septic Tank 🖂 Nitrification Line 🔲 Repair 🖵 E | xpansion |
| | PROPERTY LOCATION: 132 Dry Cree K-Rd, Lillmoto | |
| Name: (owner) | NATIONAL TOUCH HOMES SUBDIVISION LOT# | |
| System Installer: | Int Adams Registration # | |
| Basement with plumbing | | |
| Type of Water Supply: | □ Community Public □ Well Distance from well | |
| | 11 G E Z F10V Types V and VI Systems expire in 5 years. | |
| (In accordance with Tab | Owner must contact Health Department 6 months prior to expiration for permit renewal. | |
| | | |
| This system has been installed | d in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Termit and Construction Authorization. | |
| | 26. | |
| | 25% | |
| | Reduct: | |
| | Partion | |
| | - repair n | |
| | Reduction Repair Area | |
| | | |
| | 39. | |
| | 16' | |
| | | |
| | Tio 30 | |
| | | |
| | Deck 1 77' | |
| | 220 | |
| | 3 BR | |
| | SFD | |
| | 48' x 51.5 | |
| | | |
| | | |
| | | |
| | | |
| | (terms) | |
| PERMIT CONDITIONS: | Dry Creek Rd | |
| I. Performance: II. Monitoring: | System shall perform in accordance with Rule .1961. As required by Rule .1961. | |
| III. Maintenance: | As required by Rule .1961. Other: | |
| m. namenance. | Subsurface system operator required? Yes \square No \square | |
| | If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| | | |
| V. Other: | | |
| | D-Box | _ PWR Line |
| Following are the specif | ifications for the sewage disposal system on the above captioned property. | |
| Type of system: | Conventional Other TIO EZELOV Septic Tank: 1000 gallons Pump Tank: | gallons |
| Subsurface | No. of exact length 70 width of depth of | |
| Drainage Field | dicircs vi caci vicii | inches |
| French Drain Required: | Linear feet | |
| Authorized State Ag | 100 Date 1/21/2020 | |
| Buthorized State Ag | TONEY WE SULVEY OF FLUX | |