HTE# 570190-0005

Harnett County Department of Public Health

No. 26265

	PERMIT #	<u>X</u>		<u> Operatior</u>	<u>Permit</u>		37,41=	3
			X	New Installation	Septic Tank	Nitrification Line	Repair [☐ Expansion
						NIONT CT. CON		
	Name: (owner)	MB HOMES CA	rounks					
		THORNTONS PL						
		ing: ☐ Garage ▶ Number o			on #			
		: Community R Public			VA feet			
		25% NEDWOTIGN			es V and VI Systems	expire in 5 years.		
	(In accordance with T	able V a)	Own				permit renewal.	
	(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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.							
_ [This system has been insta	led in compliance with applicable North Carol	lina General Statutes, Ru	ules for Sewage Treatment	and Disposal, and all con	ditions of the Improvement Permit	and Construction Authori	zation.
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			-		-0/			
	mi.	21-1	1 1	PUMP TO	-	* PUMP TO	b√€2205	CE_
100	STALL.	>7/20/2020 ~: 07/28/2020	1 '			MAN MAN ESPECS	SIFOLD	_
w	P2 ALAR	·: 07/28/2020	1 1	LEBAIN		ESPECS	ATTACHES	>}
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			KIL	EZ ELCO				
			-	75(4)		, i		
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				DIN	1			
P	ERMIT CONDITIONS:							
1.	Performance:	System shall perform in accordance						
II	0	As required by Rule .1961.	an Lo	FT CT.				
If	I. Maintenance:	As required by Rule .1961. Other:						
		Subsurface system operator required			1			
IV	. Operation:	If yes, see attached sheet for addit	lional operation cor	nortions, maintenance	and reporting.			
.,	. operation.							
٧.	Other:							
		D.Day	D		AL .	11001		DIVID I
		D-Box	Pump □		_ Alarm 🗆	H20Line		PWR Line
		fications for the sewage disposal syst				100		e ras
	pe of system: L	Conventional Other ©		-H-13		1000 gallons Pum	The second secon	sallons gallons
	rainage Field	ditches 4	exact length	75 feet	width of ditches	dep dep	oth of a4	inches
	ench Drain Required:			ieet	uitches	feet dite	.1102 2311.	inches
F	noquires.							
۸.	uthorized Ctate A-	and of the state o	1/100	11/1/11/11		Date 07/28	charal	
Al	uthorized State Ag	ent 1/ /////	MAMI	1211		Date OTIZE	10000	