HTE# 5F72005-0081

## Harnett County Department of Public Health

No. 26689

PERMIT #	Operation Permit
	New Installation Septic Tank Mitrification Line Repair Expansion
	PROPERTY LOCATION: 1070 W. STRICKLAND TO (SRITES)
Name: (owner) NATE MULLINS	SUBDIVISION TLAVIS ZAY ADAMS LOT # _ !
System Installer: TOMES AVICES	Registration #
Basement with plumbing: ☐ Garage ☒ Number of Bedrooms	_3
Type of Water Supply:   Community Public Well	Distance from well 100+ feet
System Type: 25% resident sts	Owner must contact Health Department 6 months prior to expiration for permit renewal.
(In accordance with Table V a)	Which must contact health beparament o 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.
135736L. 09/20/2020	12' * PUMP TO D-BOX EQUAL
Theracl: 00/2012000	EE FLOW 271 DISTRIBUTION
wal & ALANW: 10/19/2020	9 - 90(3)
	25% NEDOCTIO)
	A SPAIL AREA
	[2]
	16'_
	δ=t <sub>2</sub>
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	ω'   ε   ze
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule	.1961. STRICKLAND 10 (52 1789)
0 1 /	
III. Maintenance: As required by Rule .1961. Other:	
If yes, see attached sheet for additional opera	
IV. Operation:	
V. Other:	AND LOCAL DESIGNATION OF THE PROPERTY OF THE P
□ D-Box □ Pump	
Following are the specifications for the sewage disposal system on the	
Type of system:  Conventional Other  Subsurface No. of exact leng	
	itch <u>GO</u> feet ditches <u>3</u> feet ditches <u>24</u> inches
French Drain Required: Linear feet	
Mulinda amount	
Authorized State Agent	Date 10 19 2020