HTE# 51-72006-0030

Harnett County Department of Public Health

No. 26717

PERMIT # _____

(In accordance with Table V a)

D 2 1

5

D-Box

ditches 3

No. of

As required by Rule .1961.

As required by Rule .1961. Other:

PERMIT CONDITIONS:

II.

III.

Performance Monitoring:

Maintenance

Operation:

Type of system:

Conventional

Other:

Subsurface

Drainage Field

Operation Permit SIL 1412 Mew Installation A Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: 323 SMITH PRINCE ND (CHRISTIAN CT. 20) Name: (owner) Travort Amaron tohuson SUBDIVISION ______ LOT #____ System Installer: Topica CANDENAS Registration #_____ Basement with plumbing:
Garage M Number of Bedrooms 3 Type of Water Supply:

Community Public Well Distance from well System Type: 25% NEDICTION 25- III G __ Types V and VI Systems expire in 5 years. 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. D System shall perform in accordance with Rule .1961. Subsurface system operator required? Yes \(\subseteq \text{No } \(\subseteq \) If yes, see attached sheet for additional operation conditions, maintenance and reporting. □______Pump □______Alarm □______H20Line □______PWR Line Following are the specifications for the sewage disposal system on the above captioned property. & Other O4 CHANGED THE Septic Tank: 1006 gallons Pump Tank: _____ exact length width of depth of of each ditch _____ feet ditches 20 __ inches ditches

French Drain Required: Linear feet Authorized State Agent

117'

Date