## Harnett County Department of Public Health

PERMIT # ~ 1

Operation Permit

		•	•	c Tank 🗷 Nitrification	-	-
				DIG CHRISTIAN LI		
Name: (owner)	triple A Hong			INCE POINTE	LOT # _	3_
System Installer:	ADCOCK RECAUNT	¥6 R	egistration #			
Basement with plumbing						
			well <u>~~</u> f			
	25% MEDUCTION			ystems expire in 5 years.		
(In accordance with Tabl	e V a)	Owner must co	ntact Health Departmer	nt 6 months prior to expiration	for permit renewal.	
This system has been installed	in compliance with applicable North Caro	na General Statutes, Rules for Sewa	ge Treatment and Disposal, a	nd all conditions of the Improvement Pe	ermit and Construction Authorizati	on.
					b. a~	
				* GALSITY 10	6-304 0157418UT10	
2'   T	] <sub>4</sub> 1	2590 NESOU 2570 P	10, 512 10, 512 10, 512	FAUNT	0,220,002.00	
	System shall perform in accordanc As required by Rule .1961.	E				
	As required by Rule 1962 Other:					
	Subsurface system operator require					
	If yes, see attached sheet for add		naintenance and report	ing.		
IV. Operation:						
V. Other:						
	D-Box 🗆	Pump 🗆	Alarm	□ H20Lir	ne 🗆	PWR Line
-	cations for the sewage disposal sy				-	
Type of system:  Co		EZ FLOW	Septio	Tank: 1250 gallons	Pump Tank:	gallons
Subsurface	No. of	exact length		idth of	depth of	
Drainage Field	ditches3	of each ditch	feet d	itches feet	ditches	inches
French Drain Required:	Linear					
Authorized State Age	nt /	i (innm	THIS	Date 11 2	4/2020	
	- // /					