## Harnett County Department of Public Health

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PERMIT # 8 3 74	Operation Permit
	New Installation Septic Tank Nitrification Line Repair Expansion
	PROPERTY LOCATION: 50c 1703 Red Hold CUT PLO
Names (assess)	
	1+R Esteriptings
Basement with plumbing	
Type of Water Supply:	
	Types V and VI Systems expire in 5 years.
(In accordance with Ta	Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been install	ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	*NEEDS Pumpt Harm Final Cover
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PERMIT CONDITIONS:	Tholly LANG
	System shall perform in accordance with Rule .1961.
	As required by Rule .1961.
II. Monitoring: III. Maintenance:	As required by Rule .1961. Other:
iii. Haintenance.	Subsurface system operator required? Yes No
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	in 163, see attached sheet for additional operation conditions, maintenance and reporting.
ii. Operation.	
V. Other:	
i. ouici.	
	D-Box
Following are the spec	cifications for the sewage disposal system on the above captioned property.
Type of system:	Conventional Other 1590 1030 VOTON Septic Tank: 1200 gallons Pump Tank: 1200 gallons
Subsurface	No. of exact length width of depth of
Drainage Field	ditches 4 of each ditch 100 feet ditches 3 feet ditches 20 inches
French Drain Required	
	GENT Date 11-17-21
Authorized State A	gent James ( Markon ** Date _ //- /7 - 21