Harnett County Department of Public Health

	PERMIT # 5702	1103-0	100		Operation					
				×	New Installation					
					PROPERTY LOCA	TION: 1077	10410	S MILL	10.(51	1401)
	Name: (owner)	LENO	001>	BLDS LLL	SUBDIVISION	BOBERS	CHAME	8 SMITH	LOT # _	3_
	System Installer: TASGN MATTHEWS									
	Basement with plumbing: Garage Number of Bedrooms									
	Type of Water Supply: Community Public Well Distance from well HA feet							/		
	System Type:		TENO	TION 575.	- "	es V and VI Systems		/		
	(In accordance with Ta	ble V a)	•	0w	rner must contact Heal	th Department 6 mo	nths prior to ex	piration for permit	renewal.	
	This system has been installed	ed in compliance	with applicable	North Carolina General Statutes,	Rules for Sewage Treatment	and Disposal, and all con	ditions of the Japano	vement Permit and Con	struction Authorization	
						and Dispersing and an east	2	1	July Hambridge	
					Jen		/	1		
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*P	OMPTO MEDIO	~			•		-101			
	0-00x EGO	HL.	1		CH' x 75'	山田		7		
	DISTAIB		1	r	SOL SED	1 3	1 60	/		
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5	73. ALTERED	TO 54	11525			 '	' 11 /			
_		5			1 - 1	1	13/			
D	SE TO SWE	ill In	_	1 // 3	37' 44'	44'	2	/ : [
F	LENT OF L	OME	1	1-11 5	L , 1	1	5/ /	311		
		3.	1	10 11 9.	177	-j. , .	2,	21		
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	DEBMIT CONDITIONS	(-	,	NOLLINS	MILL ND	. CS~140	21)			
	PERMIT CONDITIONS: I. Performance:	System shall	perform in	accordance with Rule .196	î.					
	II. Monitoring:				1.					
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:										
	Subsurface system operator required? Yes No No									
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.									
	IV. Operation:								//	
	V 0.1									
	V. Other:									
	□	D-Box		Pump	□	_ Alarm 🗆		H20Line \Box		PWR Line
				lisposal system on the abov					12	
	Type of system:		Oth	ner EZ FLO	all w		1250	gallons Pump Tar		gallons
	Subsurface	No. of	5	exact length	90	width of	3	depth o		:h
	Drainage Field French Drain Required:	ditches		of each ditch _ Linear feet	90 feet	ditches		feet ditches	27	inches
	Trench Drain Required:			_ Linear reet						
							D .	111 11		
1	Authorized State Ag	gent		1100	,,,		Date	11/24/2	021	