HTE#			
HIL#			

Authorized State Agent____

HTE#	Harnett County Department of Public Health No. 26.	586
PERMIT # SFD 23 1	New Installation 🖾 Septic Tank 🖾 Nitrification Line 🗆 Repair 🗆 Expan	sion
Basement with plumbing: Type of Water Supply: System Type: (In accordance with Table 1)	Community Public Well Distance from well feet Types V and VI Systems expire in 5 years. V a) 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.	+
	FUTU Stario	
	10' 52'x54'	
	3BV \$\frac{3BV}{\frac{3}{38}}	
PERMIT CONDITIONS:	Decox Sprend Pl	+
	stem shall perform in accordance with Rule .1961. ' required by Rule .1961.	
	required by Rule .1761. Other:	
	bsurface system operator required? Yes No ves, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	yes, see attached sheet for additional operation conditions, maintenance and reporting.	
_		
V. Other:	DD	ND 1:n
Following are the specificat	D-Box Pump Alarm H20Line PV tions for the sewage disposal system on the above captioned property.	VR Lin
Type of system: Conv		llons
	o. of exact length width of depth of tches / of each ditch 228 feet ditches 3 feet ditches 24 inches	
Drainage Field dit French Drain Required:	tches	1
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Authorized State Agent	t	