HTE# BRESIS	107-6012	Harnett County De	partment of Public	Health 25	114
System Type: (In accordance with Ta	ng: Garage Community Able V a)	New Ins PROPE SUB VICIT Number of Bedrooms Public □ Well Distance from	ration Permit tallation Septic Tank Registration # well feet feet Types V and VI Systems expire ontact Health Department 6 months	Nitrification Line Repa	.v / IT #
	33 - 26	TI REAL	POSED No. E No. TC		
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance: IV. Operation: V. Other:	As required by Rule .19 As required by Rule .19 Subsurface system opera If yes, see attached shee				
Following are the spec	ifications for the sewage of	Pump lisposal system on the above captioned ner exact length of each ditch 150		gallons Pump Tank:	

Authorized State Agent_

Drainage Field French Drain Required: