Harnett County Department of Public Health No. 2639
PERMIT # Bru 2109 - 0025 Operation Permit
Name: (owner) Andrew Schiller System Installer: Registration # Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well System Type: Type: Type: Type: Type: 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.
62' 62'] -25 FUTURE TAPORT ALLO
1. Performance: System shall perform in accordance with Rule .1961.
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:
Subsurface system operator required? Yes \square No $ ot\!$
IV. Operation:
V. Other:
D-BoxPumpAlarmH20LinePWR Lin
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 272 reduction (IQ4) Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of 3 exact length 62 feet ditches 3 feet ditches 221-18 inches French Drain Required: Linear feet

- REHB

Authorized State Agent_

Date 11-3-21