Harnett County Department of Public Health 19554 HTE# 07.500 17486R PERMIT # 24359 **Operation Permit** □ New Installation □ Septic Tank □ Repair → Nitrification Line □ Expansion PROPERTY LOCATION: 1/25 Felicia & Keith Andrews SUBDIVISION FOR TOTAK LOT # 9 System Installer: Registration # Basement with plumbing: Garage 

Number of Bedrooms Type of Water Supply: 

Community Public □ Well

System Type: 600	
(In accordance with Table	e 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.	
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PERMIT CONDITIONS:	[[2
	rstem shall perform in accordance with Rule .1961.
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	s required by Rule .1961. Other:
	yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	yes, see attached sheet for additional operation conditions, maintenance and reporting.
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V. Other: _	
Following are the specifica	tions for the sewage disposal system on the above captioned property.
Type of system: S Con	
Subsurface No	o. of \ exact length \ width of \ depth of
•	o. of exact length width of depth of tches feet ditches feet ditches feet ditches
French Drain Required:	Linear feet
Authorized State Agent Date D8-27-37	
Authorized State Agent	Date