HTE# 15-5-3713302, Harnett County Department of Public Health 24422	
PERMIT # 25616 Operation Permit	
Name: (owner) DEFE Revenues of Bedrooms System Installer: Garage & Number of Bedrooms Registration #	ion
Basement with plumbing: Garage X Number of Bedrooms Type of Water Supply: Community Public X Well Distance from well <u>100</u> feet System Type:Types V and VI Systems expire in 5 years. (In accordance with Table 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.	
POWER LINE ERSEMENT	
TREPAINTI DE POMP	
MACO HA LAS	
PERMIT CONDITIONS: I. 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 No If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □ PWR	Line
Following are the specifications for the sewage disposal system on the above captioned property: Septic Tank: 1000 gallons Pump Tank: 1500 gallons Type of system: Conventional Conventional Convertional Conventional Convertional Septic Tank: 1000 gallons Pump Tank: 1500 gallon gallons Subsurface No. of exact length width of depth of depth of Drainage Field ditches of each ditch 60 feet ditches 18-20 inches French Drain Required: Inear feet Inear feet Inear feet Inear feet Inear feet	INS
Authorized State Agent Date 3/1/17	
	1.5