HTE# 06-5-16115

## Harnett County Department of Public nealth 19071

PERMIT # 23343	Operation Permit	
	New Installation Septic Tank Repair Mitrification Line Expansi	ion
	PROPERTY LOCATION: SR1443 LAFAGE HE RD	
Name: (owner) _GA		
	ONNEE Johnson Registration #	
Basement with plumbing:		
Type of Water Supply:		
	Type II G Type III G Types V and VI Systems expire in 5 years.	
(In accordance with Table	Owner must contact Health Department of 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:	1 / Copin Cic	
	System shall perform in accordance with Rule .1961.	
	As required by Rule .1961.	
	As required by Rule .1961. Other:	
	Subsurface system operator required? Yes \( \subseteq \text{No} \subseteq \)  If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	m yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
Following are the specific	ications for the sewage disposal system on the above captioned property.	
Type of system:   Co		ons
Subsurface	No. of exact length width of depth of	
0	No. of exact length width of depth of ditches $4$ of each ditch $80$ feet ditches $3$ feet ditches $24 \rightarrow 18$ inches	
French Drain Required: _	Linear feet	
Authorized State Age	ent ames E Manhan + QNS Date 1-17-07	