HTE# 06-5-1643712

## Harnett County Department of Public Health 19106

PERMIT # 240 28	Operation Perm	<u>it</u>	
Name: (owner) CWW Contractors  System Installer: About Executive  Basement with plumbing:   Garage Number	PROPERTY LOCATION STORMS SUBDIVISION Pearl Registration # of Bedrooms3		cation Line
Type of Water Supply: Community Public System Type: 25% (Code Time) System	□ Well Distance from well	_ feet I Systems expire in 5 years.	
(In accordance with Table V a)		nent 6 months prior to expiration for per	mit renewal.
This system has been installed in compliance with applicable North Car	lina General Statutes, Rules for Sewage Treatment and Disposal,	, and all conditions of the Improvement Permit and	Construction Authorization.
	Pantind  40 25% RGD  Syste  Repair  A metal SFD  52'		
PERMIT CONDITIONS:  I. Performance: System shall perform in accordance il. Monitoring: As required by Rule .1961.	D'ANGO CINCIE		
III. Maintenance: As required by Rule .1961. Others			
Subsurface system operator requir If yes, see attached sheet for add	d? Yes 🗀 No 🗔 ional operation conditions, maintenance and report	ting.	
IV. Operation:	,		
V. Other:			
Following are the specifications for the sewage disposal sy Type of system:  Conventional  Other 2592 Subsurface  No. of Drainage Field ditches  French Drain Required:  Linear	Size of tank: Seption exact length 150 w of each ditch 160 feet di	ridth of depth	ank: gallons of inches
Authorized State Agent James & Ma	short C18		