HTE# 07-5-16646R

Harnett County Department of Public Health 19048

PERMIT # 23 73 L	Operation Permit	
Name: (owner) For Developers, Inc. System Installer: Stanc 1 Blooms Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well System Type: Well (In accordance with Table V a)	Distance from well feet Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for pe	LOT # 10
This system has been installed in compliance with applicable North Carolina General Stat	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and	d Construction Authorization.
PERMIT CONDITIONS:	Acceptant System Repair Area 15 Decky 16 Decky 17 Decky 18 Decky 18	
 I. Performance: System shall perform in accordance with Rule .19 II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:		
IV. Operation:		
Y. Other:		
Following are the specifications for the sewage disposal system on the ab Type of system: Subsurface No. of Orainage Field Orainage Field Conventional Orainage Field Orainage Field Conventional Orainage Field Orainage Field Orainage Field Orainage Field Linear feet	Size of tank: Septic Tank: _/ gallons Pump Ta	of and
Authorized State Agent Sugar Mc Juan &	25. Date 5/31/2007	