	PERMIT # $\frac{29810}{}$	<u>Operation Permit</u>
		New Installation  Septic Tank  Repair  Nitrification Line  Expansion
	/	PROPERTY LOCATION: Cenvel Black Rd.
	Name: (owner) Howell Edwards	SUBDIVISION Cratewert LOT # 20
		cklad Registration #
	Basement with plumbing:  Garage Number of Bedrooms	3
	Type of Water Supply: Community Public Well	Distance from well 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 Coneral St	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	ins system has been instance in compnance with applicable north Carolina General St	acutes, rules for sewage freatment and disposal, and an conditions of the improvement refint and construction Authorization.
		Repair Area
		V '
		( )
ı	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 opera	
	IV. Operation:	tion conditions, maintenance and reporting.
	V. Other:	
ge-	Following are the specifications for the sewage disposal system on the Type of system:  Subsurface  No. of  Drainage Field  Conventional  Other  exact leng  of each differench Drain Required:  Linear feet	EZF( $\infty$ Septic Tank: $\sqrt{000}$ gallons Pump Tank: $\sqrt{000}$ gallons the width of depth of
	Authorized State Agent Suyan Music	. N.S. Date 4-18-08

Harnett County Department of Public Health

HTE# 07-5-16745RR

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