Harnott C.

marnett County Department of Public Health 1	19054
PERMIT # 23755 Operation Permit	
Name: (owner) He avenly Hones SUBDIVISION Brian Keith Meadow System Installer: Dennis Med Installer: Subdivision Brian Keith Meadow Registration # Basement with plumbing: Garage Number of Bedrooms 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	LOT # <u>20</u>
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.
PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Puls 1941	
I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. Other: Subsurface system operator required? Yes \(\sqrt{No} \sqrt{No} \sqrt{\sqrt{No}} \) If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Other:	
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other CZF Size of tank: Septic Tank: Size of tank: Septic Tank: Size of tank: Septic Tank: Width of depth of each ditches Conventional Other CZF Size of tank: Septic Tank: Size of tank: Size of tank: Septic Tank: Size of tank: Septic Tank: Size of tank: Septic Tank: Size of tan	
Authorized State Agent you Mon R.C. Date 5/21/207	