HTE# 07-5-16845 Harnett County Department of Public Health 19053

	y open among or rubh	
PERMIT # _237	Operation Permit	
	New Installation Septic Tank	🗆 Repair 🗗 Nitrification Line 🗀 Expan
	PROPERTY LOCATION: SR 1901	S
Name: (owner) _	Heavenly Homes SUBDIVISION Brison Ke	the Meadows 101 # 21
	Registration #	[UI # <u>&]</u>
Basement with pluml	imbing: U Garage Get Number of Bedrooms .)	nan na
	oply: Community Public Well Distance from well feet	
System Type: (In accordance with	Types v and vi systems expi	re in 5 years.
(accordance with	Owner must contact Health Department 6 months	prior to expiration for permit renewal.
This system has been insta	nstalled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all condition	se of the Images
PERMIT CONDITIONS:	Pompto 25to Aced. Reprint Area Hoom 41	- 7
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring:	As required by Rule .1961.	
	As required by Rule .1961. Other:	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	reporting.	
V. Other:		
Following are the specific Type of system: 🗀 Co	cifications for the sewage disposal system on the above captioned property. Conventional Other 67 (160)	2
ubsurface 1	No. of exact length	ganons
	ditches ditches of each ditch 150 feet ditches 3	depth of feet ditches j inches
rench Drain Required: _	Linear feet	teet ditches <u>& Y</u> inches
uthorized State Ager	1000 S. MY- 01	-//
omonico state Ager	Date	5/31/2007