HTE# 08-5-1	Harnett County Department of Public Health	20036
PERMIT # 246	Operation Permit	
	New Installation	•
Name: (owner)	ther well Homes on the SUBDIVISION REVERSESTOR	LOT # _6
System Installer: _	GENCS BACKER Glenn (Annoll Registration #	
Basement with plumb	oing: Garage Mumber of Bedrooms <u>3</u> y: Community Public Well Distance from well feet	
	RESUCTION System Type II G EZLAY Types V and VI Systems expire in 5 years.	
(In accordance with 1	Table V a) Owner must contact Health Department 6 months prior to expiration for permi	t renewal.
This system has been insta	alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Co	noting at a Mindle and a Mindle
This system has been mist	the composition approaches from Calbina Ocheral Statutes, rules for sewage freatilient and Disposal, and all conditions of the improvement Permit and Co	nstruction Authorization.
	168 *Full SPORAGE	
	DITCHES (1	•
	5% REISTO From D-B.	π×
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	CRABTILLE CT	
PERMIT CONDITIONS:		
I. Performance: II. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
	Subsurface system operator required? Yes No	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
v. operation.		
V. Other:		
Following are the speci	ifications for the sewage disposal system on the above captioned property.	
	Conventional Other 25% REDUCTION System Septic Tank: 1000 gallons Pump Tan	k: gallons
Subsurface	No. of 3 exact length width of depth of	G
Drainage Field French Drain Required:	ditches feet ditches feet ditches	28-118 inches
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Authorized State Ag	ent James E Manhon Frons Date 5-14-08	
0	Date	