HTE# <u>08-5-202</u>	Harnett County Department of Public Health 20467
PERMIT # <u>2457</u>	Operation Permit
Basement with plumbing Type of Water Supply: System Type: 25% (In accordance with Tab	Community Public Well Distance from well feet  IZEBUCTUS (Acception) From Well Types V and VI Systems expire in 5 years.  Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been installed	d in compliance with applicable Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	HILATREADY  TOTAL  ANGELS PUMP + Alpen  INSTEADY ON  INSTEADY ON  INSTEADY ON  INSTEADY  ON DEEper.  PARAMA  ON DEEper.  The Covered of Covered
PERMIT CONDITIONS:  I. Performance: 5	System shall perform in accordance with Rule .1961.
II. Monitoring: // III. Maintenance: //	As required by Rule .1961. As required by Rule .1961. Other:
V. Other:	
Type of system: Co Subsurface	cations for the sewage disposal system on the above captioned property.  Solventional Other 25% BNCFCON 62 (any 1990 III) Septic Tank: 1000 gallons Pump Tank: 1000 gallons  No. of exact length width of depth of ditches 1 feet ditches 1 feet ditches 1 inches

Authorized State Agent

Linear feet

7-31-09 Date