HTE# US 20565R Harnett County Department of Public Health 20645	
PERMIT # <u>25357</u> Operation Permit	
🗭 New Installation 🖾 Septic Tank 🗆 Repair 📈 Nitrification Line 🗆 Expan	ision
Name: (owner)     Cymbor/mil Homes     PROPERTY LOCATION: ////       Name: (owner)     Cymbor/mil Homes     SUBDIVISION       System Installer:     Trid Brown     Registration #	3
System Installer: <u>1111320000</u> Basement with plumbing: Garage PS- Number of Bedrooms <u>3</u>	
Type of Water Supply: 🗆 Community 🖉 Public 🔅 Well Distance from well 🖉 🖌 feet	
System Type: <u>Myp 7-9 GULLE MILE</u> 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 General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule . 1961.	
III. Maintenance: As required by Rule .1961. Other:	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system:  Conventional Other 100 1.00 0.00 gallons Pump Tank: 100 gallons Pump Tank:	ions
Drainage Field ditches feet ditches feet ditches feet ditches feet ditches $\frac{18}{24}$ inches	
French Drain Required: Linear feet	
Authorized State Agent Ja JAN Date 05-04-09	

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