HTE# (08.503.20596 Harnett County Department of Public Health	20502
PERMIT # 24984 Operation Permit	
Name: (owner) CUMS (No. 1-15m.)  Name: (owner) CUMS (No. 1-15m.)  System Installer: Tool Brown  System Installer: Tool Brown  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	LOT # <u>\\</u> 9
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:	25
I. Performance: II. Monitoring: As required by Rule .1961. III. Maintenance:  System shall perform in accordance with Rule .1961.  As required by Rule .1961. Other:  Subsurface system operator required? Yes  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 Conventional Subsurface No. of exact length of each ditch of each ditches feet Linear feet  Conventional Subsurface No. of exact length of each ditches feet ditches feet feet ditches feet	Pump Tank: gallons depth of ditches   8 2 4 inches
Authorized State Agent Date 17 - 11	6.08

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