HTE# 08.500-213991 Harnett County Department of Public Health 20653
PERMIT # 25250 Operation Permit
Name: (owner) HIH Cont Supply: SUBDIVISION FORCEST ONLY System Installer: Only Only Only Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well System Type: Community Public Well 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 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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70'
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Yes If yes, see attached sheet for additional operation conditions, maintenance and reporting.
Y. Other:
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Conventional Other
Authorized State Agent Date 05-12-09