HTE# 09-520-21677	Harnett County Depar	tment of Public Health	20743
PERMIT # 3536Y		on Permit	
Name: (owner)	PROPERIY I		trification Line □ Expansion  LOT # 165
System Installer: D-) (ARV)  Basement with plumbing: Garage	Number of Bedrooms Registr	ration #	
Type of Water Supply:  Community S	Public	•	
System Type: 2 - 2 - Flow (In accordance with Table V a)	Owner must contact	Types V and VI Systems expire in 5 years. Health Department 6 months prior to expiration for	r permit renewal.
This system has been installed in compliance with applic		ment and Disposal, and all conditions of the Improvement Permi	
	1	ment and proposal, and an conditions of the improvement Fernit	n and Construction Authorization.
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PERMIT CONDITIONS:			
<ul> <li>I. Performance: System shall perform i</li> <li>II. Monitoring: As required by Rule .1</li> </ul>	n accordance with Rule .1961. 961.		
III. Maintenance: As required by Rule .1			
If yes, see attached sh	eet for additional operation conditions, maintena	ince and reporting.	
IV. Operation:			
V. Other:			
Following are the specifications for the sewage disposal system on the above captioned property.			
Subsurface No. of	exact length	<del>_</del>	np Tank: gallons
Drainage Field ditches/ French Drain Required:	_ of each ditch <u>2 ( s</u> fee _ Linear feet	<b>*</b> {	tches 16.24 inches
Authorized State Agent	In LAZI	Date DG-D'	7.09

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