HTE# <u>//-5-23</u>	1643 Harnett County Department of Public Health	
PERMIT # <i>265</i> 3	<u>S</u> <u>Operation Permit</u>	22097
		Repair 🗆 Expansion
	PROPERTY LOCATION: 5×1412 Churchentight res	
	omfort Honos INC SUBDIVISION Forest Trails	_lot # <u>%</u>
System Installer: _ Basement with plumbi	ing: Garage Mumber of Bedrooms Registration #	
Type of Water Supply	: Community Public Well Distance from well <u>withfeet</u> -He to 25% REBULED SUST IN 19 POINT 3-Clypes V and VI Systems expire in 5 years.	
(In accordance with T		newal.
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.		
по зулен на всен изсанее и соприансе или аррисаре пота сшонна селета услове, ната за округа, ана ан сопанното о не инротенене тенит, ана сопацион.		
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PERMIT CONDITIONS:	1= 1 APIL 202.12	
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:	
iii. riaintenance.	Subsurface system operator required? Yes 🗆 No 🗆	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
iv. Operation.		
V. Other:		
□	D-Box Pump Alarm H20Line	PWR Line
Following are the spec Type of system:	ifications for the sewage disposal system on the above captioned property. Conventional I Other <u>Martice to 25%, Paperan Type II</u> Septic Tank: <u>1000</u> gallons Pump Tank:	1000 gallons
Subsurface	No. of exact length width of depth of	aul
Drainage Field French Drain Required:		<u> </u>
	S M I LOREAN	
Authorized State Ag	gent and Markant Date 2-27-12	