HTE# 12-5-28206 Harnett County Department of Public Health	
PERMIT # _ZC_817 Operation Permit 22459 Image: Septic Tank in the Comparison of	ansion
Name: (owner) _ Manasah Custon Hones SUBDIVISION _ QUARI 61BW _ LOT # 3	
System Installer: <u>The mathema</u> Registration # Basement with plumbing: Garage I Number of Bedrooms <u>64</u> Type of Water Supply: Community I Public I Well Distance from well feet	
System Type: <u>25% (28-DU CTCon Section Type TT G BZ Con</u> (In accordance with Jable V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed by compliance with applicable North Categoria General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes 🗆 No 🗔	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:	
V. Other:	
	WR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 25% ice by cruc System Septic Tank: gallons Pump Tank: gallons Pump Tank:	gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 2 of each ditch feet ditches 3 feet ditches 26->18 inch French Drain Required: Linear feet Linear feet Linear feet Linear feet Linear feet	ies
Authorized State Agent and EManhant III 126145 Date 9-27-12	
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