HTE# 2-525	8218	Harnett County D	Department of Public	Health	
PERMIT # 268	181	<u>0</u>	peration Permit		22305
		XZ New	Installation 🛮 Septic Tank 🗵	Nitrification Line \Box	Repair Expansion
Name: (owner)	LAORY DO		OPERTY LOCATION: MARKS RO SUBDIVISION COREL FAR		_LOT # _6
System Installer: _	OTIS STO	ICKLAND	Registration #		
Basement with plumb Type of Water Supply		Number of Bedrooms	om wellL 60 feet		
System Type:	ना द	Tubic	Types V and VI Systems expire in	1 5 years.	
(In accordance with T	Table V a)	Owner mus	st contact Health Department 6 months pri	or to expiration for permit re	newal.
This system has been insta	lled in compliance with applicabl	e North Carolina General Statutes, Rules for S	Sewage Treatment and Disposal, and all conditions of	the Improvement Permit and Constru	action Authorization.
	REPA	EA 55'	HOUSE DRIVE		150′
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance: IV. Operation:	As required by Rule .19 As required by Rule .19 Subsurface system opera		s, maintenance and reporting.		
Y. Other:					
	D-Box 🗆	Pump 🗆	Alarm 🗆	H20Line □	PWR Line
Following are the spec	ifications for the sewage o	isposal system on the above caption	ned property.		
Type of system: L	No of	exact length		gallons Pump Tank: . depth of	gallons
Drainage Field	ditches 4	of each ditch 50	width of		4-36 inches
French Drain Required	11 11	tugar teet			
Authorized State Ag	gent	Cons	Date	4/26/12	

Authorized State Agent_