| HTE# <u>12-5-25939</u> | e Harnett | County Departmer | nt of Public He | alth | |
|---|---|---|--|---------------------------------------|--------------------|
| PERMIT # 27218 | | Operation P | ermit | | 22486 |
| | | | | | Repair 🗆 Expansion |
| Name: (owner) Con | fort Home, INC | | N: 5×1441 Chalips | al prize | LOT # _12 |
| System Installer: <u>12cs</u> | | Registration | # | | |
| Basement with plumbing: | Garage 🗹 Number of Bedroo community 🗹 Public 🗆 W | | feet | | |
| System Type: 2532 REBUZION System Type III G Compatibility Types V and VI Systems expire in 5 years. | | | | | |
| (In accordance with Table V a) Owner most 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. | | | | | |
| | 15 12 15 12 15 12 13 10 13 10 13 10 13 10 13 10 10 10 10 10 10 10 10 10 10 10 10 10 | Sto Sto Nort II 12 13 13 13 14 13 14 14 15 14 15 14 15 14 15 14 15 14 17 17 17 17 17 17 17 17 17 17 17 17 17 | BITO IN TO | | |
| PERMIT CONDITIONS: | | | | | |
| , | m shall perform in accordance with R quired by Rule .1961. | lule .1961. | | | |
| III. Maintenance: As rec | quired by Rule .1961. Other: | | | | |
| If yes, | s, see attached sheet for additional o | | nd reporting. | | |
| IV. Operation: | | | | · · · · · · · · · · · · · · · · · · · | |
| V. Other: | | | | | |
| D-B | | np 🗆Alc | irm 🗆 | H20Line 🗆 | PWR Line |
| Following are the specification Type of system: | ns for the sewage disposal system on itional 🗹 Other <u>25%/231</u> | the above captioned property. | Septic Tank: | gallons Pump Tanl | <: gallons |
| Subsurface No. of | of exact | length / feet | width of ditches <u>3</u> | depth of | |
| Drainage Field ditche French Drain Required: | es of eac | | | | <u></u> munus |
| Authorized State Agent | Jans Co, | Maht | Date | 1-22-13 |) |
| | Ÿ) | | | | |