HTE# 13-5-30747 Harnett County Department of Public Health	
PERMIT # 27378 Operation Permit 23020	
New Installation	)n
PROPERTY LOCATION: Hay 47	_
Name: (owner) SIADE WAYNE Register SUBDIVISION LOT # 5A	100
System Installer: DEWES MASCO Registration #	
Basement with plumbing: Garage Mumber of Bedrooms ———————————————————————————————————	
System Type: 252178700000 System Type II & Flustypes V and VI Systems expire in 5 years.	
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Cardina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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PERMIT CONDITIONS:	
PERMIT CONDITIONS:  1. Performance: System shall perform in accordance with Rule 1961	4
II. Monitoring: As required by Rule .1961.	No. of Concession, Name of Street, or other Persons, Name of Street, or ot
III. Maintenance: As required by Rule .1961. Other:  Subsurface system operator required? Yes  No  No	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □ PWR L	ine
Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:  Conventional  Other 39/01/1900 1000 Septic Tank: 1200 gallons Pump Tank: gallons	.r
Subsurface No. of exact length width of depth of	12
Drainage Field ditches 5 of each ditch 60 feet ditches 3 feet ditches 22 inches	
French Drain Required: Linear feet	
Authorized State Agent Date 1-28-14	