Harnett County Department of Public Health HTE# 13-5-31097 22686 PERMIT # 27379\_ PROPERTY LOCATION 301448 RAWLS CHURCH PR LOT # 45 SUBDIVISION STATSON -Name: (owner) Registration # System Installer: \_\_\_\_\_\_ Garage Mumber of Bedrooms Basement with plumbing: **☑** Public **□** Well Distance from well Type of Water Supply: 

Community Types V and VI Systems expire in 5 years.

Owner must contact Health Department 6 months prior to expiration for permit renewal. System Type: US Resources System (In accordance with Table V a) 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. HL Moonlight DIXUR PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. 1. Performance: As required by Rule .1961. 11. Monitoring: As required by Rule .1961. Other: III. Maintenance: Subsurface system operator required? Yes  $\square$  No  $\square$ If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: Alarm  $\square$ H20Line □ **PWR Line** Pump 🗆 D-Box Following are the specifications for the sewage disposal system on the above captioned property. 2 Other 75% REDUCTION EZUM Septic Tank: 1000 gallons Pump Tank: \_ Type of system: 

Conventional width of depth of Subsurface No. of exact length ditches Zo inches ditches ditches of each ditch \_ feet Drainage Field

Date

Linear feet

French Drain Required:

Authorized State Agent