HTE# 13-5-3158	Harnett County Department of Public Health	
PERMIT # <u>77551</u>		22696 Repair  Expansion
Name: (owner)  System Installer:  Basement with plumbing:  Type of Water Supply:  Co System Type:  (In accordance with Table V a)	PROPERTY LOCATION: \$1441 Chaliphents Sp.  SUBDIVISION Merclithe Stravion  Registration #  Garage Number of Bedrooms  Well Distance from well  SUCCION Type: The Constant Marketypes V and VI Systems expire in 5 years.	LOT # <u>18</u>
This system has been installed in comp	pliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Con-	truction Authorization.
PERMIT CONDITIONS:	Acredith in	
I. Performance: System	shall perform in accordance with Rule .1961.	
III. Maintenance: As requ	uired by Rule .1961.  uired by Rule .1961. Other:  ace system operator required? Yes  No  see attached sheet for additional operation conditions, maintenance and reporting.	The state of the s
IV. Operation:		
V. Other:		
□ D-Box	x 🗆 Pump 🗆 Alarm 🗆 H20Line 🗆	PWR Line
Type of system:   Convention		c: gallons
Subsurface No. of Drainage Field ditches	exact length width of depth of of each ditch some feet ditches 3 feet ditches	24 inches
French Drain Required:	Linear feet A	Inches
Authorized State Agent	ones & Mahande Date 812-13	