HTE#/4-5-33306 Harnett County Department of Public Health 23359	
PERMIT # <u>27858</u> Operation Permit	
New Installation Septic Tank Mitrification Line Repair Ex	
Name: (owner) Robert Crabbrase Burlows SUBDIVISION V. 14. LOT # 21  System Installer: DENNES Meditor Registration #	<u>3</u>
Basement with plumbing: Garage Mumber of Bedrooms 3	
Type of Water Supply:  Community Public Well Distance from well feet  System Type: 25% Red VCTon System Type FI 6 E Zuayypes V and VI Systems expire in 5 years.	
System Type: 25% 1200 VCT20 System Type III 6 R ZLATypes 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 Carglina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961.  III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes  No	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.  IV. Operation:	
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V. Other:	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	er ( LIII)
Type of system: Conventional Other 15% NGO) UCSTON Suptra Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface No. of exact length / width of depth of Drainage Field ditches 4 of each ditch 80 feet ditches 3 feet ditches 28->18 inc	hes
French Drain Required: Linear feet	
Authorized State Agent Date 9-16-14	