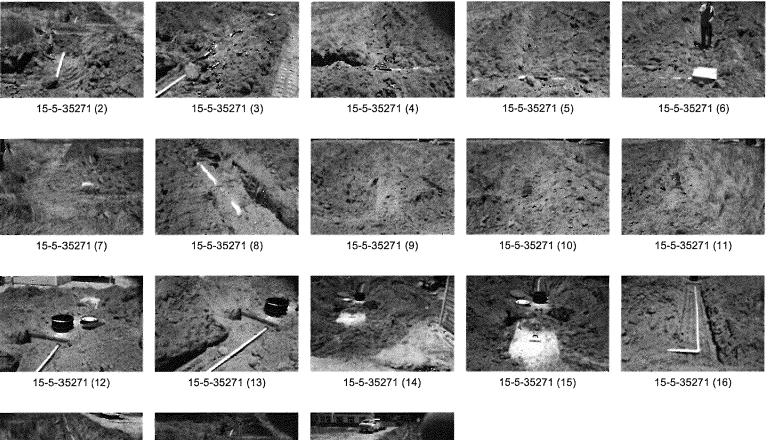
HTE#_15-5-35271 Harnett County Department of Public Health 23598
Operation Permit PERMIT #
Name: (owner) <u>Ref: Door Homesof Frageflewelle</u> SUBDIVISION <u>(Anny W Goduins</u> LOT # _] System Installer: <u>Federa formation</u> Basement with plumbing: Garage Number of Bedrooms <u>5</u> Type of Water Supply: Community Public Well Distance from well feet System Type: <u>Pup to 15 200</u> <u>Constructors</u> <u>System Type ICB</u> Types 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 Carolina 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:
IV. Operation:
V. Other:
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 2523 ICBAS variance Septic Tank: 1200 gallons Pump Tank: 1200 gallons Subsurface No. of exact length width of depth of Drainage Field ditches 3 of each ditch 200 feet ditches 3 feet inches French Drain Required:
Authorized State Agent EMAnhant Date 7-13-15



15-5-35271 (19)



15-5-35271 (17)

15-5-35271 (18)