PERMIT # 25791 Operation Permit Name: (owner) Marke: Homes .ac System Installer: Does Type of Water Supply: Concenter: Name: (owner) Marke: Howers Jac System Installer: Does Type of Water Supply: Concenter: New New Supply: Concenter: New must contact Health Department & months port to explation for permit reserval. The open has been instable in compliance with splitchle Kitch Cardina General Statum, Neir In: Stoggal, and all codinos of the Improvement Printi and Generation Autorization. PROFIN CONDITIONS: L Performance: System Topic: Market system System Status St	HTE#16-5-36347 Harnet	t County Department of Public Health 24104		
New Installation X Septic Tank X Nitrification Line Repair Property Location: Hearing Line Name: (wner) Makes Homes intermet of Bedroom:	PERMIT # 2878)	Operation Permit		
PROPERT I LOCATION: HECKINE/LOCOD & LC System Installer:		🔀 New Installation 🛛 Septic Tank 🛣 Nitrification Line 🗆 Repair 🗆 Expan	nsion	
System Installer: Graze (Anthor of Bedrooms) Registration # Basement with plumbing: Graze (Number of Bedrooms) Types V and W Systems expire in S years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. Dits system has bere installed in coeplance with applicable Nerd Curima General Statutes, Role for Sequence and Dispact, and all conditions of the Imporement Permit and Generative Authorization. Prevent has bere installed in coeplance with applicable Nerd Curima General Statutes, Role for Sequence and Dispact, and all conditions of the Imporement Permit and Generative Authorization. Prevent has bere installed in coeplance with Rule Jointer. Registration # Under the permit of the Importance of the Importance Authorization. Prevent Na Deve installed in coeplance with Rule Jointer. Registration # Permit CONDITIONE: I. Performance: System shall perform in accordance with Rule J961. II. Mononicing: Mit statutes system operator required? If the Importance and reporting. If yes, set attached sheet for additional operation conditions, maintenance and reporting. If yes, set attached sheet for additional operation conditions, maintenance and reporting.	Marcin Marta Jalansa	PROPERTY LOCATION: HEDTHERMOOD DR		
Basement with plumbing Grange K Number of Bedrooms Instruct from well feet			5	
System Type:				
(In accordance with Table Y a) Denser must contact Health Department 6 months prior to expiration for permit renewal. The yoten has been intable in compliance with applicable Kerth Carolina General Statutes, hales for Swage Tranment and Disposal, and all conditions of the Improvement Permit and Construction Authoritation. If PERMIT CONDITIONS: I. Performance: I. Performance: I. Performance: Substrict Resting Berlow in accordance with Rule 1961. I. Notioning: A: required by Rule 1961. III. Maintenance: V. Operation: V. Operation:				
This tystem has bees intalled in compliance with applicable North Carolina General Statute, Rules for Senge Treatment and Disposal, and all conditions of the Improvement Permit and Contraction Authorization. Image: Contraction Authorization Image: Contraction Authorizatio				
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If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: V. Other:				
V. Other:	If yes, see attached sheet for additional			
	IV. Operation:			
	V. Other:			
□ D-Box □ Pump □ Alarm □ H20Line □ PWR Line	□ D-Box □ P	ump 🗆 Alarm 🗆 H20Line 🗆 PWR	Line	
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other CHAMBER (CHAMBER) Septic Tank: 1000 gallons Pump Tank: gallons				
Subsurface No. of exact length width of depth of	Subsurface No. of exa	ct length width of depth of	ons	
Drainage Field ditches of each ditch 150 feet ditches 3 feet ditches 18-22 inches		each ditch 150 feet ditches 3 feet ditches $18-22$ inches		
	renen brain nequireu.	1.1		
Authorized State Agent Date Date 16	Authorized State Agent	Date 8/1/16		