HTE#	Harnett County Department of Public Health	25145
PERMIT # 255		
1 LNIII # 2/1	□ New Installation □ Septic Tank □ Nitrification Line □	2 Danie II I
	DEPONDENT LOCATION SALVE 2 ALC LINE 2	1 Kepair L Expansion
Name: (owner)	Michael Pen Wester CUBNICION	IOT #
System Installer:	TUDE OF COLORS OF THE SUBDIVISION H	LUI #
Basement with nlumh	Michael Less Wester SUBDIVISION	
Type of Water Supply: Community Public Well Distance from well 50' feet		
System Type: 25% Reduction System Type II G EZIAY Types V and VI Systems expire in 5 years.		
(In accordance with T	able V a) Owner must contact Health Department 6 months prior to expiration for perm	t 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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	EL 1447 RAWS CLUB 120	
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 \(\subseteq \text{No } \subseteq \)	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
iv. Operation.		
V. Other:		
	D-Box	PWR Line
	ifications for the sewage disposal system on the above captioned property.	
Type of system: Subsurface	8 1	
Drainage Field	No. of exact length width of depth of ditches 3 feet ditches ditches	f inches
French Drain Required:		Illules
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Authorized State Ag	gett Janos & Maraland 1998 Date 1-11-19	