HTE# EH 1908 - 000/	Harnett County Department of Public Health	0.000
PERMIT # _30537	Operation Permit	25828
	☐ New Installation ☐ Septic Tank ☐ Nitrification Line	Repair Expansion
41	PROPERTY LOCATION: 14wy 421	
Name: (owner)	ton ICEA/ty GROUP SUBDIVISION	LOT #
System Installer:	*/INT ADAMS Registration #	
Basement with plumbing: Type of Water Supply: Co	Garage Number of Bedrooms 3 mmunity Public Well Distance from well 666	
System Type: 253	Relietor System IIG FZIAC 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 pe	rmit renewal.
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 an	d Construction Authorization.
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	Awy 421	
PERMIT CONDITIONS: I. Performance: System	shall perform in accordance with Rule .1961.	
	pired by Rule .1961.	
	ired by Rule .1961. Other:	
	ace system operator required? Yes No see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
□ D-Box	x Pump H20Line	PWR Line
	for the sewage disposal system on the above captioned property.	770000000000000000000000000000000000000
Type of system: Convention	onal 🗆 Other <u>25% NGD TTCG EZLAY</u> Septic Tank: <u>F925</u> gallons Pump	Tank: gallons
Subsurface No. of Drainage Field ditches	exact length width of dept	h of nes/3 inches
French Drain Required:	Linear feet	muics
Authorized State Agent	Janes & Manhart FREHS Date 10-2-	-19