HTE#_	EH	2104-0001	
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Harnett County Department of Public Health 25869	
PERMIT # Operation Permit	
□ New Installation □ Septic Tank □ Nitrification Line □ Repair □ Expans	sion
PROPERTY LOCATION: Azwz 27	
Name: (owner) DONALD GASSONY System Installer: JUNEON CONDELLAS Registration # LOT #	
System Installer: Junean Condelines Registration #	
Basement with plumbing: Garage Number of Bedrooms 4 Type of Water Supply: Community Public Well Distance from well 50 + feet	
System Type: Z5% Restriction System Type: 4tt 6 Ch. 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.	
This specifical mass seem instance in compinance with approache north caronia deneral statutes, rules for sewage reactivent and orsposal, and an conditions of the improvement Pennit and Construction Administration.	
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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 \(\simeq \) No \(\simeq \)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □ PWR	Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other 75% Nel Septic Tank: gallons Pump Tank: gallons Pump Tank: gallons Pump Tank:	ons
Subsurface No. of exact length width of depth of Drainage Field ditches 3 feet ditches 20018 inches	
French Drain Required: Linear feet	
5 Mail ARRISHS	
Authorized State Agent porces [/ Anhan Date 4-16-21	