(HTF.	11-5-2660	ron)
Chi.	24446	
PERMIT #	F#2404-	20019

Harnett County Department of Public Health

264	nameti County Department of Fublic nearth
PERMIT # 1424	104-0019 Operation Permit
	□ New Installation □ Septic Tank □ Nitrification Line □ Repair □ Expansion
	PROPERTY LOCATION: 501926 Coffee 745
Name: (owner) K	CONALD John Backy SUBDIVISION LOT #
System Installer	At Septice 3000141510N
Basement with plumbin	The Course of Bodyson As a 1/2/ Coul 1700 Day
Type of Water Supply:	
System Type: Z	Types V and VI Systems expire in 5 years.
(In accordance with Ta	oble V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.
	Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been install	ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	Bullizado Kalve 7001 THOSTANISO EXT 3BAN 3BAN 3CD
* 11 of the	TIVS 33' SERVICE TO SOLUTION
PERMIT CONDITIONS:	45'
I. Performance:	System shall perform in accordance with hard 1771.
II. Monitoring:	As required by Rule .1961.
III. Maintenance:	As required by Rule .1961. Other: House flow. Subsurface system operator required? Yes \(\subseteq \text{No} \subseteq \) If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	
V 044	
V. Other:	
	D-Box
Type of system:	fications for the sewage disposal system on the above captioned property. Conventional Other 25%
Subsurface Drainage Field	No. of exact length width of depth of ditches 4 ditches 5 feet ditches 18° inches
French Drain Required:	
Authorized State Ag	M 1 LIEREHS