HTE# 08-5-21161 Harnett County Departmen	t of Public Health	20527
PERMIT # 25151 Operation Permit		
🛛 New Installation 🖄 Septic Tank 🔲 Repair 🖄 Nitrification Line 🗆 Expansion		
PROPERTY LOCATION	1: LASATER KD	
Name: (owner) <u>FERNKIE CLEMENTS</u> SUBDIVISION		LOT #
system installer: <u>GEANLO IEMPLE</u> Registration #		
Basement with plumbing: Garage Number of Bedrooms H Type of Water Supply: Community Public Well Distance from well O feet		
System Type: 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.		
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1 REPAIR AREA		
28-70 6 500		
100 Higo Line		
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 🗆 No 🔀		
If yes, see attached sheet for additional operation conditions, maintenance and	reporting.	
IV. Operation:		
V. Other:		
Following are the specifications for the same line of the second state of the second s		
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: 🔀 Conventional 🗌 Other	Santic Tanke IMAA	T
Subsurface No. of exact length	Septic Tank: 1000 gallons Pump width of dept	
Drainage Field ditches of each ditch _200 feet		es <u>20-24</u> inches
French Drain Required:		
Authorized State Agent		
AUTIONIZED STATE ABEIIT	Date <u>8 12 09</u>	