HTE#_10-5-2468 Harnett C	ounty Department of Public Health	21318
PERMIT # 26164	Operation Permit	
	PROPERTY LOCATION: Decr Rd.	
Name: (owner) Kathleen Skatikat	SUBDIVISION _ Elosopic Bentley	LOT # _6 A
System Installer: <u>Larry Sharpe</u> Basement with plumbing: Garage Number of Bedrooms	Registration #	
Type of Water Supply: 🗌 Community 🔲 Public 🔲 Well	Distance from well feet	
System Type:	Types V and VI Systems expire in 5 years.	
	Owner must contact Health Department 6 months prior to expiration for	
This system has been installed in compliance with applicable North Carolina General St	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permi	t and Construction Authorization.
PERMIT CONDITIONS:	Repair des To To MH Gq' IV E	
I. Performance: System shall perform in accordance with Rule II. Monitoring: As required by Rule .1961.	.1961.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes 🗀 N If yes, see attached sheet for additional operat	tion conditions maintenance and reporting	
IV. Operation:	and reporting.	····
V. Other:		
Following are the specifications for the sewage disposal system on the	above captioned property.	
Type of system: Conventional Other if the Conventional Subsurface No. of exact lengt	hips Septic Tank: 1000 gallons Pur	np Tank: gallons
Drainage Field ditches 2 of each dit		pth of .ches <u>30</u> inches
French Drain Required: Linear feet Authorized State Agent Monor	LEAS Date/1/2	26/0

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