HTE# <u>14-5-3337</u> 6 Harnett Cou	nty Department of Public Health	23420
PERMIT # 27843	Operation Permit	
X		ine 🗆 Repair 🗆 Expansion
	PROPERTY LOCATION: Mist Ro	· · · · · · · · · · · · · · · · · · ·
Name: (owner) GARN EOWARD KEINJA	SUBDIVISION	LOT #
System Installer: TEO BOOWN	Registration #	
Basement with plumbing: 🗆 Garage 🗆 Number of Bedrooms		
Type of Water Supply: 🗆 Community 🛛 Yublic 🗆 Well D	Distance from well 100 feet	
System Type:	Types V and VI Systems expire in 5 years.	
(In accordance with Table V a) 0	Owner must contact Health Department 6 months prior to expiration f	or permit renewal.
This system has been installed in compliance with applicable North Carolina General Statutes	ss, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Peri	mit and Construction Authorization.

		HOME 1 30' REPAR 15', L + 45'	
	CONDITIONS: erformance:	System shall perform in accordance with Rule .1961.	
	lonitoring:	As required by Rule .1961.	
III. Ma	aintenance:	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. C	Operation:	n yes, see attached sneet for additional operation conditions, maintenance and reporting.	
V. 01	ther:	No DRIVE INSTALLED AS OF SEPTIC INSTALLATION	
			'R Line
Following	are the speci	ifications for the sewage disposal system on the above captioned property.	
	system: 🗆 🛛		ullons
Subsurfac	e	No. of exact length width of depth of	
Drainage		ditches 3 feet ditches 18-24 inches	;
French Di	rain Required:	- file - filester]
Authoriz	red State Ag	pent Date Date	