HTE#_12-5-29787 L Come Harnett County Department of Public Health	
PERMIT # 22499-07 (3 bedroom) VOID Operation Permit 2265	
HTE#	Expansion
Name: (owner) Barte and i Janua C 13 ROCK SUBDIVISION LOT #	<u> </u>
System Installer: Hand STUCKIANB Registration #	
Basement with plumbing:  Garage  Number of Bedrooms  Fype of Water Supply:  Community  Public  Well  Distance from well  feet	
System Type: Cor Vendio of System Type II 3 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 archive Benjeral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization	n
This system has been installed in compliance with applicable normal and constitution numbers of sewage frequinent and obspusal, and all conditions of the improvement remit and constitution numbers and constitution numbers.	
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PERMIT CONDITIONS:	
1. Performance: System shall perform in accordance with Rule .1961. 11. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes $\square$ No $\square$ 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 Conventi	gallons
Subsurface No. of exact length width of depth of	
Drainage Field ditches <u>4</u> of each ditch <u>125</u> feet ditches <u>3</u> feet ditches <u>24</u> French Drain Required: Linear feet	inches
SA LE 329.13	
Authorized State Agent Date 3-28-13	
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