HTE# 17-5-42696 Harnett County Department of Public Health	24854
PERMIT # 29802 Operation Permit	
PROPERTY LOCATION: 19 Crystel Pool Ct. (1)	Repair Expansion Wyre Miller Dr.)
Name: (owner)RUFUS + DONNA LONSSUBDIVISIONPEACH FOUR EST. PH 24	LOT #
System Installer: <u>Larry Sharpe</u> Registration # Basement with plumbing: Garage Number of Bedrooms <u>3</u>	
Type of Water Supply: 🗌 Community 🔛 Public 🔲 Well Distance from well <u>A</u> feet	
System Type: <u>System TC</u> 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 pe	semit renowal
(in accordance with rable + a) owner must contact nearth bepartment o months pror to expiration for pe	rinit 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 an	d Construction Authorization.
EXT SINED	X Filter Present
ET TIZE CHIR	4
$\begin{array}{c} 33' \\ 38' \times 43' \\ \end{array}$	s nool
Sworth	C 27877L
7	223
157	
MAYNE MULLEAN DR.	ł
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:	
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 De Other Time Chipes The Septic Tank: 1000 gallons Pump	
	h of hes <u>18ラコス</u> inches
Frank Drain Required: Linear feet	
Authorized State Agent Date 12 07	2017