HIE# 560 3000 Harnett County Department of Public Health	05005
PERMIT # Operation Permit	25905
Name: (owner) STEVEN GOZZEN SUBDIVISION: 1 L 62 Comesson) System Installer: TEO Brown Registration # Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well 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.	LOT #
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	t Permit and Construction Authorization.
PERMIT CONDITIONS: 1. Performance: 1. Monitoring: 1. Monitoring: 1. Maintenance: 3. As required by Rule .1961. As required by Rule .1961. As required by Rule .1961. Subsurface system operator required? Yes \(\square \text{ No } \)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:	
V. Other:	
□D-Box □Pump □Alarm □H20Lin	e 🗆 PWR Line
Following are the specifications for the sewage disposal system on the above captioned property	gallons depth of ditches \(\sum_{\text{NS}} \) inches
Authorized State Agent Date 7 15	-)20