Harnett County Department of Public Health 25843	
PERMIT # SFD Z007 -0024 Operation Permit	
New Installation	pansion
Name: (owner) 6 gray ToC SUBDIVISION Hulens Parate LOT # 90	
System Installer: Charles Registration #	
Basement with plumbing: Garage Number of Bedrooms 3	
Type of Water Supply:  Community Public Well Distance from well feet  System Type: 2502 1600 Color 3, 540 Cypes 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 Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
15% Reprint	
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11-12	
Part	
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45 3BM	
" 533	
1 × 1 × 1 × 2	
10/12/	
1 E //	
Hick Standard	
PERMIT CONDITIONS:	
<ol> <li>Performance: System shall perform in accordance with Rule . 1961.</li> <li>Monitoring: As required by Rule . 1961.</li> </ol>	
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.	
ly. Operation:	
V. Other:	PWR Line
D-Box Denote Pump Denote Alarm Denote H20Line Denote Denot	I WY LUIC
Type of system:  Conventional Other 1502 His Other Severage also be the severage of the severa	gallons
Subsurface No. of exact length width of depth of	
Drainage Field ditches 4 of each ditch 65 feet ditches 3 feet ditches 24 in	ıches
Authorized State Agent Date 12-15-20	