## Harnett County Department of Public Health

Name: (owner) James Wheel System Installer: Clint Adams Basement with plumbing: Garage Numbe Type of Water Supply: Community Public System Type: 25% Reduction Type (In accordance with Table V a)	Of Bedrooms 3-TR  Well Distance from well feet  TO EZ FIOW Types V and VI Systems expire in 5 years.  Owner must contact Health Department 6 months prior to expiration for permit renewal.	sion
This system has been installed in compliance with applicable North C	lina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	-
Alaca For Final	Property Separation Area  True Love Rd	
PERMIT CONDITIONS:  I. Performance: System shall perform in accord	ce with Rule .1961.	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Oth Subsurface system operator req		
	ditional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
□ D-Box □	Pump	VR Line
Following are the specifications for the sewage disposal Type of system:   Conventional Other Type of system:   No. of Drainage Field ditches   French Drain Required:   Line	ystem on the above captioned property.	
Authorized State Agent	REAS Date 7-22-29	