Harnett County Department of Public Health

Name: (owner) Name Z Gasper Subdivision With System Installer: Juniar Garage Number of Bedrooms Jupe of Water Supply: Gommunity Public Well Distance from well feet
System Type: 25% Redwolion Type III (9) EZ-FIOW 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 Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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24. 5. Men (20) (21) (21) (21) (21) (21) (21) (21) (21
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.
Subsurface system operator required? Yes No If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
□ D-Box □ Pump □ Alarm □ H20Line □ PWR
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Type III (5) EZ - Flow Septic Tank: Output (5) EZ - Flow Septic Tank: Output (6) EZ - Flow Septic Tank: Output (7) Ou
Authorized State Agent Now 2545 Date 8-29-25