07/22/2019

Date _

HTE# SFO19	Harnett County Department of Public Health 2534	4
PERMIT # 30:	Operation Permit _ STILLIA	
Name: (owner) System Installer: Basement with plumbi Type of Water Supply: System Type: (In accordance with Ta	New Installation Septic Tank Nitrification Line Repair PROPERTY LOCATION: 115 Old Born Way Christian Ut Substance Civil Survey Co. SUBDIVISION Mason's Residence LOT #	Expansion (4)
	REPART AND BASES OFF DESTH BASES OFF DESTH GF SLAD PLUMBING STUB OUT [ANDED POST INITAL INS SEPTIC TANK LOWERS P P P P P P P P P P P P P	
PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule . 1961. CLD DANN WAY	
II. Monitoring: III. Maintenance: IV. Operation:	As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Yes No If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
	D-Box	PWR Line
Following are the speci Type of system: Subsurface Drainage Field	Conventional Other Q + Chamber Width of depth of ditches 4 ditches 3 feet ditches 24	gallons

Authorized State Agent ___