HTE# 07 50-31487 Harnett County Department of Public Health	20734
Operation Permit Operation Permit Name: Operation Permit Name: Operation Permit Name: Operation Permit Name: Operation Permit System Installer: Image: Colspan="2">Colspan="2" Name: Colspan="2">Colspan="2" Colspan="2">Colspan="2" Colspan="2" System Installer: Image: Colspan="2" Subbit Colspan="2" <thcolspan="2"< th=""> Colspan="2" <thco< th=""><th>litrification Line Expansion</th></thco<></thcolspan="2"<>	litrification Line Expansion
Type of Water Supply: Community Public Well Distance from well <u>P</u> feet System Type: <u>Q ~ 1 Y</u> T <u>F</u> 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 fo	or 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 Perm	nit and Construction Authorization.
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PERMIT CONDITIONS: I. I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes □ No ▷ If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:	
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional BOther Q. (h y Septic Tank: DOD gallons Pt Subsurface No. of exact length width of D	ump Tank: gallons depth of ditches inches -) 9