HTE# 00-5-	11308 Harnett County Department of Public Health 24802
PERMIT # 296	<u>Operation Permit</u>
	New Installation Sentic Tank W Nitrification Line W Repair D Expansion
Name: (owner)	Subdivision _ septer rank _ minimation line _ repair _ expansion PROPERTY LOCATION: SC/439 Wer Der Der Carl Subdivision _ Johnson Frances _ LOT # Z
System Installer: _	PAIDE BROW Registration #
Basement with plumbi Type of Water Supply.	
System Type:	
(In accordance with T	able V a) Owner must egintact Health Department 6 months prior to expiration for permit renewal.
This system has been instal	led 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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	(A) (RI)
	SER G
	WL W
PERMIT CONDITIONS:	SAL1439 Wed Denner
I. Performance:	System shall perform in accordance with Rule .1961.
II. Monitoring: III. Maintenance:	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.
IV. Operation:	
V. Other:	
□	
	fications for the sewage disposal system on the above captioned property. Conventional Other 25% RED Septic Tank: Example gallons Pump Tank: gallons Pump Tank: gallons
Subsurface	No. of exact length width of depth of
Drainage Field French Drain Required:	ditches of each ditch feet ditches feet ditches feet ditches inches
Authorized State Ag	ent anhan Ritsus Date 4-17-18