HTE# 07.50	POIS897R Harnett County Department of Public Health 20	124
PERMIT # 24	Operation Permit	
	New Installation 🔂 Septic Tank 🖂 Repair 🔯 Nitrification Lin	ne 🗆 Expansion
	PROPERTY LOCATION: 1125	
Name: (owner)		OT # <u>160</u>
System Installer: Basement with plum	0	
Type of Water Suppl		
System Type:	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 renewa	ıl.
This system has been inst	talled 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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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. Other:	***********
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	, and the second	
V. Other:		NAME OF THE PARTY
Following are the spec	cifications for the sewage disposal system on the above captioned property.	
Type of system: Subsurface	ganois raine	gallons
Drainage Field	No. of exact length width of depth of ditches 14	inches
French Drain Required		INCIE2
)
Authorized State A	gent Date 05 27 08	5