HTE# ひとうシュートタママイル Harnett County Department of Public Health 20005
PERMIT # 2418  Operation Permit
New Installation Septic Tank Repair Nitrification Line Expansion PROPERTY LOCATION: 1/2)
Name: (owner) Helf Good SUBDIVISION FOREST ORKS  System Installer: O. Signick and Registration #
Basement with plumbing:  Garage H Number of Bedrooms
Type of Water Supply: □ Community ☑ Public □ Well Distance from well feet 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 renewal.
This system has been installed in compliance with applicable Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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Some Aprila 42'
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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:
V. Other:
Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:  Conventional # Other 5.1 ( ) 2
Subsurface No. of exact length width of denth of
Drainage Field ditches of each ditch <u>23</u> feet ditches <u>feet</u> ditches <u>linear feet</u> inches feet ditches feet ditches inches feet ditches
V 1201
Authorized State Agent Date 05.12.08