HTE# 08 500 19308 Harnett County Department of Public Health 20	253
PERMIT # 2 4494 Operation Permit	
New Installation Septic Tank Repair Nitrification Lin	e Expansion
Name: (owner) CHVINEST Wood Shine 10)T#211
System Installer:	
Type of Water Supply: Community Public Well Distance from well feet System Type: C. 2 Flow 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	I.
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 Permit and Construction	Authorization.
Repair 70 35 Nov 11 12' 15'	30.
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. Other: Subsurface system operator required? Yes \(\text{ No } \) If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Other: Following are the specifications for the sewage disposal system on the above captioned property. Type of system: \(\text{ Conventional } \) Conventional \(\text{ Sother } \) Exact length \(\text{ width of } \) Width of \(\text{ depth of } \) depth of \(\text{ depth of } \)	gallons
Drainage Field ditches of each ditch feet ditches	₹ inches
Authorized State Agent Linear feet Date DY 25-08	