HTE#_08.500-19616 Harnett County Department of Public Health	20164
PERMIT # 24676 Operation Permit	
Name: (owner) System Installer: Garage Number of Bedrooms Type of Water Supply: System Type: Community Public Well We	LOT # <u>159</u>
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	t Permit and Construction Authorization.
PERMIT CONDITIONS:	Pair
 Performance: System shall perform in accordance with Rule .1961. Monitoring: As required by Rule .1961. 	
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \(\subseteq \text{No_V} \) 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: Conventional Other Conventional Subsurface No. of exact length width of Drainage Field ditches of each ditch feet ditches feet French Drain Required: Linear feet	ns Pump Tank: gallons depth of ditches \\ \& \& \alpha - \frac{1}{2} inches
	-10-08