HTE# 08.500-19712R Harnett County Department of Public Health 20160	
PERMIT # 2471 Operation Permit	
Name: (owner) Name: (owner) Name: (owner) Name: (owner) System Installer: Garage Number of Bedrooms Type of Water Supply: System Type: System Type: Type of Water Supply: Community New Installation Septic Tank Repair Nitrification Line Exp PROPERTY LOCATION: Registration # Registration # Distance from well Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal.	
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.	
Dent 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: Subsurface system operator required? Yes \(\sum \) No \(\sum \) 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 2 Clow Septic Tank: Septic Tank: Septic Tank: Septic Tank: Get ditches depth of Septic Tank: French Drain Required: Linear feet Linear feet	gallons
Authorized State Agent Date 09-09-08	