HTE# 08-50-1980R Harnett County Department of Public Health 20757	
Operation Permit	
Name: (owner) Septic Tank Repair Nitrification Line Expar  PROPERTY LOCATION: 17    System Installer: System Installer: Garage 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.  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.	
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PERMIT CONDITIONS:  I. Performance: System shall perform in accordance with Rule .1961.  III. Monitoring: As required by Rule .1961.  III. Maintenance: Subsurface system operator required? Yes \( \square \) No \( \square \) If yes, see attached sheet for additional operation conditions, maintenance and reporting.  IV. Other:	
ollowing are the specifications for the sewage disposal system on the above captioned property.  Septic Tank:	ns
uthorized State Agent Date 07.08.09	