	HTE# DV-500-19884R Harnett County Department of Public Health 20978
	PERMIT # 25373 Operation Permit Name: (owner) STAnc.) Builders Name: (owner) STAnc.) Builders System Installer: Standers Registration # Type of Water Supply: Community Public Well Distance from well Image: 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. TRUE Bluc 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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as1-02	Heolune 1 21 1 25 1 21 1 2
	PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. III. Maintenance: If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Other:
Γ	Following are the specifications for the sewage disposal system on the above captioned property. Septic Tank: DDD gallons Pump Tank: gallons Type of system: Conventional Other E E Septic Tank: DDD gallons Pump Tank: gallons Subsurface No. of 2 exact length width of depth of Drainage Field ditches 2 of each ditch gallon feet ditches gallons French Drain Required: Linear feet
	Authorized State Agent Date Date