HTE# 08-500 20028 Harnett County Department of Public Health 2023	
Name: (owner)  Name: (owner)  System Installer:  Basement with plumbing:  Garage  Number of Bedrooms  Type of Water Supply:  System Type:  System Type:  (In accordance with Table V a)  New Installation  Septic Tank  Repair  Nitrification Line  PROPERTY LOCATION:  A Registration  Registration #  SubDIVISION  Pesson  SubDIVISION  Pesson  SubDIVISION  Pesson  Feet  Types V and VI Systems expire in 5 years.  Owner must contact Health Department 6 months prior to expiration for permit renewal.	32
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	ion.
PERMIT 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  No	
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  Conventional South Subsurface No. of   Exact length  Of each ditches   French Drain Required:  Linear feet   Linear feet   Linear feet   Linear feet   Conventional South Septic Tank:   Septic Tank:   Width of   depth of   ditches   feet   ditches   French Drain Required:   Linear feet	gallons inches
Authorized State Agent Date D8-07-38	