HTE# <u>03-500-20450</u> Harnett County Department of Public Health 20486 PERMIT # <u>34887</u> Operation Permit
Name: (owner) Septic Tank Repair Nitrification Line Expansion PROPERTY LOCATION: Name: (owner) System Installer: O-STRick Incl Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well System Type: 1-2 Flow (In accordance with Table V a) Nitrification Line Expansion PROPERTY LOCATION: Registration #
This system has been installed in compliance with applicable Morth 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. II. Monitoring: As required by Rule .1961. Maintenance: Subsurface system operator required? Yes \(\sigma\) No Subsurface system operator 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 Subsurface No. of exact length of each ditch of each ditch of each ditches Linear feet Septic Tank: Dow gallons Pump Tank: gallons width of depth of depth of depth of ditches Subsurface Linear feet
Authorized State Agent Date 11-18-108