нте# <u> ಲಿ೪ 500- २५</u> ६५९ Harnett County Department of Public Health 20377
PERMIT # 34958 Operation Permit New Installation Septic Tank Repair Nitrification Line Expansion PROPERTY LOCATION: Name: (owner) SUBDIVISION LOCATION: System Installer: Oscillation Registration # Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.
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. 15 43 15 Repair Aria 15 15
PERMIT CONDITIONS: I. Performance: Nonitoring: As required by Rule .1961. As required by Rule .1961. Subsurface system operator required? Yes No If yes, see attached sheet for additional operation conditions, maintenance and reporting. If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Other: Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 2 2 2 2 Septic Tank: 20 2 3 Subsurface No. of exact length width of depth of depth of ditches ditches 3 feet ditches 5 2 Authorized State Agent Linear feet Date 5 2 3 Authorized State Agent Date 5 2 3 Date 5 2 3 3 Date 5 2 3 Date 5 2 3 Date 5 2 3 Date 5 2 Date 5 Date 5

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