HTE# 09-5-2302-3 Harnett County Department of Public Health 21233	
PERMIT # 25766 Operation Permit	
Operation remit Spectation remit Name: (owner) Repair X Nitrification Line Expanse Name: (owner) Constance Name: Constance SubDIVISION Vige Co Name: (owner) Constance Constance SUBDIVISION Vige Co System Installer: Oris Structure Registration # System Installer: Oris Structure Registration # Type of Water Supply: Community X Number of Bedrooms System Type: TID System Type: TID Owner must contact Health Department 6 months prior to expiration for permit renewal.	sion
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.	
North	
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 IN NOX 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: Septic Tank: You of exact length Subsurface No. of exact length Yeach ditches Yeach ditches Yeach ditches	zns
French Drain Required: Linear Net Authorized State Agent Image: Net Date 1 Date 1	