| HTE#10-5-23944 Harnett County Department of Public Health 21441  |         |
|--|---------|
| PERMIT # 25435 Operation Permit  |         |
| Name: (owner) New Installation X Septic Tank Repair X Nitrification Line Expansi   Name: (owner) Name: Const. SUBDIVISION Const. SUBDIVISION Septic | ion<br> |
| 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.  |         |
| IS'<br>SERVICE REQUERIES DR<br>FERMIT 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:   |         |
| IV. Operation:   |         |
| V. Other:  |         |
| Following are the specifications for the sewage disposal system on the above captioned property.   Type of system: □ Conventional Q Other Q U Q U Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q  | \$      |
| Authorized State Agent Date 5/110  |         |