HTE# 12-5-28456R Harnett County Department of Public Health
PERMIT # <u>26910</u> <u>Operation Permit</u> 22363
Image: Name: (owner) Image: Name: (owner) Image: Name: Name: (owner) Image: Name: Name
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. I. Monitoring: A required by Rule .1961. I. Monitoring: A required by Rule .1961. II. Monitoring: A requ
□D-Box □Pump □Alorm □H20Line □PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Image: Type of system: □ Conventional Image: Type of system: □ Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of Drainage Field ditches 1 of each ditch 240 feet ditches 3 feet ditches 24/2 inches French Drain Required: Linear feet Linear feet
Authorized State Agent Sugar Myrian, REHS Date 6/19/20/2