HTE#_/4-5-	Harnett County Department of Public Health 2344	6
PERMIT # <u>∠</u> 8		O
Name: (owner) System Installer: _ Basement with plumb Type of Water Supply System Type: (In accordance with T	New Installation Septic Tank Nitrification Line Repair PROPERTY LOCATION: W: [LucarRd] SUBDIVISION Substitution # LOT # Substitution Registration #	
This system has been insta	ılled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authoriza	tion.
& Need w	Farrow Court	
I. Performance: II. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other: Subsurface system operator required? Yes \(\substack \text{No } \overline{\substack} \) If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
	D-Box	PWR Line
	ifications for the sewage disposal system on the above captioned property. Conventional Other Osc 4 Chamber Septic Tank: 1000 gallons Pump Tank:	-

Authorized State Agent_

PCHS

Date