HTE# 15-5-35-774 Harnett County Department of Public Health 23678
PERMIT # R 8270 Operation Permit
Name: (owner) Development Name: (owner) Development System Installer: Ott:s Strickland Basement with plumbing: Garage Number of Bedrooms Image: Garage Type of Water Supply: Community Owner must contact Health Department 6 months prior to expiration for permit renewal.
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.
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:
IV. Operation:
V. Other:
□ D-Box □ Pump □ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Septic Tank: / ** gallons Pump Tank: gallons Type of system: Conventional Other EZE/(
Authorized State Agent Super Missing REAN Date 6/8/2005