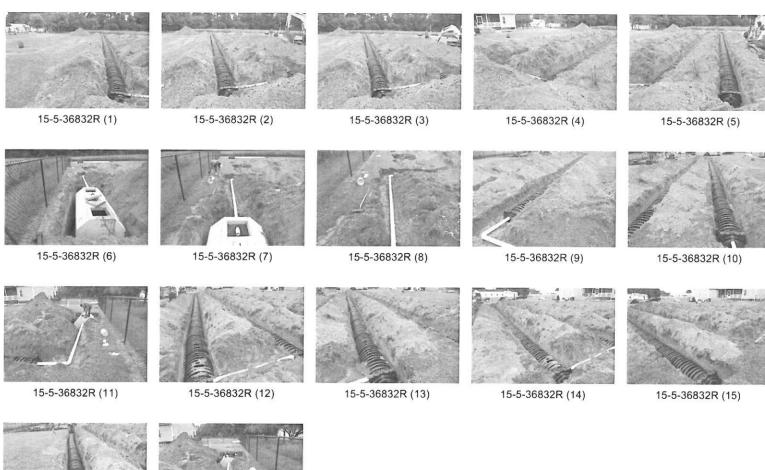
HTE# 15-5-3683217 Harnett County Department of	f Public Health 23806
PERMIT # 28560 Operation Permi	
Name: (owner) Number of Bedrooms Name: (owner) N	ptic Tank Nitrification Line Repair Expansion 1707 Netselbors Control LOT # feet I Systems expire in 5 years. nent 6 months prior to expiration for permit renewal.
II. Monitoring: As required by Rule .1961. Maintenance: As required by Rule .1961. Other:	born ND
Subsurface system operator required? Yes \(\sime\) No \(\sime\) If yes, see attached sheet for additional operation conditions, maintenance and reportions.	rting
IV. Operation:	ung.
V. Other:	
□ D-Box □ Pump □Alarm □	H20Line PWR Line
Subsurface No. of exact length w	ic Tank: gallons Pump Tank: gallons width of depth of ditches inches
Authorized State Agent Jones & Marshand	Date







15-5-36832R (16)

15-5-36832R (17)