## HTE# EH2002-0010 Harnett County Department of Public Health

No. 26090

PERMIT #	Operation Permit
Name: (owner)	New Installation
Type of Water Supply: Community Public Well Distance from well feet  System Type: Types V and VI Systems expire in 5 years.  (In accordance with Table V a)  Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installe	ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit 🍂 Construction Authorization.
	Barn
	Repair Area Dwell
	100' Existing 100' 3BR SFD
	DRIVE
	McLean Rd
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance:	System shall perform in accordance with Rule .1961. As required by Rule .1961. As required by Rule .1961. Other:  Subsurface system operator required? Yes  No
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
V. Other:	
	D-Box
Following are the specifications for the sewage disposal system on the above captioned property.  Type of system: Conventional Other Subsurface No. of exact length Oriented French Drain Required: Linear feet  Following are the specifications for the sewage disposal system on the above captioned property.  Septic Tank: Septic Tank: gallons Pump Tank: gallons Pump Tank: gallons  Width of depth of teet ditches feet ditch	
Authorized State Ag	gent Date 4 8 2020