## Harnett County Department of Public Health

Name: (owner)	Operation Permit
System Installer: Exstention (Share)	
Basement with plumbing: Garage Number of Bedrooms 4	
Type of Water Supply:  Community Public Well Dis System Type:  Low Profile Carranges	tance from well feet
	Types V and VI Systems expire in 5 years.  oner must contact Health Department 6 months prior to expiration for permit renewal.
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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.
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PERMIT CONDITIONS: SC/132	
I. Performance: System shall perform in accordance with Rule . 196	
II. Monitoring: As required by Rule .1961.  III. Maintenance: As required by Rule .1961. Other:	Coop 20
Subsurface system operator required? Yes 🗆 No 🗆	
If yes, see attached sheet for additional operation  IV. Operation:	conditions, maintenance and reporting.
V. Other:	
	□Alarm □PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other Low Profile Ch	Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length  Drainage Field ditches of each ditch	82 feet ditches 3 feet ditches 8 <sup>n</sup> inches
Drainage Field ditches of each ditch _ French Drain Required: Linear feet	
Authorized State Agent Manh	Date 8-9-21