Harnett County Department of Public Health

3531 WAIKGKRD

Name: (owner) MINNES Smith SUBDIVISION	Expansion
System Type: 1590 7250 2000 Quick-9 Tweelfurfor 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 installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorizate	ion
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B. 10 - ET - 01D System D	
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PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. III. Maintenance: Subsurface system operator required? Yes \(\square\) No \(\square\) If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:	
	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Oth	gallons
Authorized State Agent CMarchan & Date 3-4-22	