Harnett Cou	inty Department of Public Health
PERMIT # <u>EH 2502-0014</u>	Operation Permit
Name: (owner)	SUBDIVISIONLOT #
System Type: Grave (Trendle) (In accordance with Table V a)	Distance from well feet Types V and VI Systems expire in 5 years.  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 Statu	tes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
10 Acre The	Town SHED (SHED)
	Et 4Br SFD
PERMIT CONDITIONS:	
II. Performance: System shall perform in accordance with Rule . I  Monitoring: As required by Rule . 1961.  Maintenance: Subsurface system operator required? Yes □ No  If yes, see attached sheet for additional operation	
IV. Operation:	
V. Other:	
Following are the specifications for the sewage disposal system on the all Type of system:  Conventional  Other  exact length  of each ditches  French Drain Required:  Linear feet	Septic Tank:
Authorized State Agent Ames 7 Wha	Date 3-21-25