HTE# 11-5-2	<u> १६९ ४</u> ५ Harnett County Department of Public Health	
PERMIT # <u>265</u>	New Installation 🔼 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗆	
Name: (owner) System Installer: _ Basement with plumbi Type of Water Supply: System Type: (In accordance with Ta	ing:  Garage  Number of Bedrooms  Community Public  Well Distance from well  Types V and VI Systems expire in 5 years.	
inis system nas deen instan	ASSI DESCRIPTION CONTINUES OF SERVICE TO SERVICE THE SERVICE THE SERVICE TO SERVICE THE SERVICE THE SERVICE TO SERVICE THE SERVICE	
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance: IV. Operation:	System shall perform in accordance with Rule .1961. As required by Rule .1961. Other:  Subsurface system operator required? Yes   If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
		PWR Line
Following are the spec Type of system: Subsurface Drainage Field French Drain Required	No. of exact length width of depth of ditches	gallons _ inches
Authorized State A		

Authorized State Agent\_