HTE# 11-5-3	27 445 Harnett C	ounty Department of Publ	ic Health	
PERMIT # 26		Operation Permit		135
Name: (owner) _		Mew Installation 図 Septic Tank PROPERTY LOCATION: チェート SUBDIVISION Helen T	☑ Nitrification Line □ Repair	Expansion
System Installer: Basement with plum		Registration #		
Type of Water Supp	ly: 🗆 Community 🗹 Public 🗀 Well	Distance from wellfeet		
System Type: (In accordance with		Owner must contact Health Department 6 month	pire in 5 years. hs prior to expiration for permit renewal	
This system has been inst	talled in compliance with applicable North Carolina General Se	atutes, Rules for Sewage Treatment and Disposal, and all conditi		
	5/7	Repair Area Powers Powers	1001s of the Improvement Permit and Construction Aut	10rization.
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance:	System shall perform in accordance with Rule . As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Yes D N If yes, see attached sheet for additional operati	o 🗹		_
IV. Operation:				_
V. Other:				-
Following are the special		□Alarm □	H20Line 🗆	PWR Line
Type of system: Subsurface	ifications for the sewage disposal system on the a Conventional Other Conventional No. of exact length	Septic Tank: //	gallons Pump Tank: /00 C	gallons
Drainage Field French Drain Required:		h / OCS feet ditches	feet ditches /2	inches
Authorized State Ag	0 .5 0-1	ſ,	9/22/2011	

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