## HTE# 5170 1809-000 7 Harnett County Department of Public Health

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PERMIT # 30184  Operation Permit		
	New Installation Sep	tic Tank Nitrification Line Repair Fypansis
Names (access)		
Name: (owner)	TO COLOR TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TH	
1	Registration #	
Basement with plumbing: Garage Number of Bedrooms 3  Type of Water Supply: Community Public Well Distance from well		
System Type:		
(In accordance with Table V a)  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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.		
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PERMIT CONDITIONS:		
<ul> <li>I. Performance: System shall perform in accordance with Rule .1961.</li> <li>II. Monitoring: As required by Rule .1961.</li> </ul>		
III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:	
The state of the s	Subsurface system operator required? Yes \( \subseteq \text{No} \subseteq \)	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting	
IV. Operation:		
V. Other:		
	D-Box	LIGHT.
D-Box D Pump D Alarm H20Line PWR Line Following are the specifications for the sewage disposal system on the above captioned property.		
Subsurface	No. of exact length width	nk: 1000 gallons Pump Tank: 1000 gallons
Drainage Field	ditches	Z depth of
French Drain Required:	Linear feet	es feet ditches inches
Authorized State Agent C C C C C C C C C C C C C C C C C C C		