| HTE#_ SF01904-0027 Harnett County Department of Public Health | |
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| Departion Parmit 25666 | |
| New Installation > Septic Tank ▶ Nitrification Line □ Repair □ Expans | |
| Name: (owner) | _ |
| (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 Authorization. | |
| PERMIT CONDITIONS: | |
| 1. Performance: System shall perform in accordance with Rule .1961. | |
| II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \(\square\$ No \(\square\$ \) If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | |
| V. Other: | |
| | Line |
| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Extra Conventional Subsurface No. of Prainage Field Other Other Extra Conventional Other Extra Conventional Other Oth | |

07/22/2019

Date

Linear feet

Authorized State Agent_