HTE# SFD1905-001Z Harnett County Department of Public Health	05074
PERMIT # 30543 Operation Permit	25834
New Installation Septic Tank Nitrification Line	☐ Repair ☐ Expansion
Name: (owner) By Michael Forest LOCATION: OF 1006 07 0 55 No. System Installer: Garage Number of Bedrooms 3 Type of Water Supply: Gommunity Public Well Distance from well feet System Type: 282 No. 1 B Charles Of Public Well Distance from well for Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for p	LOT # <u>25</u>
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	
Exp. Exp.	THE SECOND SECON
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:	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. U. Operation:	
V. Other:	
□D-Box □Pump □Alarm □H20Line □	PWR Line
	th of hes inches

Authorized State Agent_

Date 10 - 24-19