HTE#5	-D19	05-1	YYY	2
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Harnett County Department of Public Health

No. 26073

PERMIT #	<u>Operation Permit</u>	
	New Installation 🗵 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗆 Expansi	on
1.0	PROPERTY LOCATION SOLVEN SOLVE	25
Name: (owner)		_
System Installer:	EIVIS HEUYCLETVI Registration #	
Basement with plumbing: Type of Water Supply: [_ * .	
as acceptance	Community Public Well Distance from well feet Types V and VI Systems expire in 5 years.	
(In accordance with Table	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This was been been been as		
this system has been installed i	in compliance with applicable Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	_
	Reduction Repair Area 36R SFD	
PERMIT CONDITIONS:		
	stem shall perform in accordance with Rule .1961. required by Rule .1961.	
III. Maintenance: As	required by Rule .1961. Other:	
	bsurface system operator required? Yes No	
IV. Operation:	yes, see attached sheet for additional operation conditions, maintenance and reporting.	
operation		
V. Other:		
	_ D-Box	ine
Following are the specificat Type of system: Conv	rentional other TIT of Carte Property. Septic Tank: 1000 gallons Pump Tank: gallons	
	of exact length width of depth of	ì
	ches 3 of each ditch 15 feet ditches 3 feet ditches 2 inches	
French Drain Required:	Linear feet	_
Authorized State Agent	BA all REHS-I Date 3/4/2000	