## Harnett County Department of Public Health

PERMIT # <u>SYSD2110-009</u> 2	Operation Permit  New Installation   Septic Tank   Nitrification Line □ Repair □ Expansion
System Type: 25% NEONTON 575 . TI	nce from well Note: feet
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  If yes, see attached sheet for additional operation co	
V. Other:	
□ D-Box □ Pump □	Alarm — H20Line — PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:   Conventional  Other   Exact length   Of each ditch   Of each ditch   French Drain Required:   Linear feet   Linear feet   Linear feet   Conventions for the sewage disposal system on the above captioned property.  Septic Tank:   Septic Tank:   Oce   gallons Pump Tank:   gallons Pump Tank:   gallons Pump Tank:   feet   ditches   Jeet    Jeet    Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet    Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet    Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet    Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet   Jeet    Jeet   Jeet   Jeet   Jeet   Jeet   Jeet    Jeet    Jeet   Jeet   Jeet     Jeet     Jeet    Jeet     Jeet     Jeet     Jeet     Jeet      Jeet	
Authorized State Agent	Date