## Harnett County Department of Public Health

Name: (owner) Mass Homesuladeas Subdivision System Installer: Year Ooc Subdivision Septic Tank Subdivision Line Subdivision Subdivision Subdivision Subdivision Line Subdivision	ir □ Expansion IT #
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply:   Community Public Well Distance from well feet  System Type: 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 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 A	Authorization.
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. Other:	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	_
V. Other:	
D-Box	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:   Conventional Other CHAMBER CONVENTION Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface No. of exact length width of depth of	
Drainage Field ditches of each ditch 180 feet ditches 3 feet ditches 18  French Drain Required: Linear feet	inches
Authorized State Agent Date	