HTE#_ 18-5	Harnett County Depar	tment of Public He	alth 25012
PERMIT # 39918 Operation Permit			
Name: (owner) _ System Installer: Basement with plum Type of Water Supp System Type: (In accordance with	New Installate PROPERTY SUBDIVIS Regist Abing: Garage Number of Bedrooms 3 Abing: Well Distance from well 25% (Community Sys. 1115) Table V a) Owner must contact	ion Septic Tank Nit LOCATION: 75 Clasedor ION Oxford C ration # feet Types V and VI Systems expire in 5 y Health Department 6 months prior to	rears. 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.			
DEDMIX COMPLETIONS	AT-CRADE RED. REPA AND O' QH CHAMBER 225FT O'D 337 SFD OLD PART REPAIN	Salara Maria	Y 1SFT OFF ESMIT * 2SFT OFF RANCAZITY LINE DECK NOT CINSTIFE BUT FOUNDATION FOR DECK PRESENT
PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule .1961.		
II. Monitoring: III. Maintenance: IV. Operation: V. Other:	Monitoring: As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Yes \(\subseteq \) No \(\subseteq \) If yes, see attached sheet for additional operation conditions, maintenance and reporting.		
		Alarm 🗆	H20Line □ PWR Line
	Conventional Other Q Conventional Other Of exact length ditches fee	Septic Tank: 1000	gallons Pump Tank: gallons depth of feet ditches inches

07/27/2018

Date

French Drain Required:

Authorized State Agent_

Linear feet