16-5-38600			04700		
HTE# 16-5-3123012	Harnett County Depa	rtment of Public Health	24600		
PERMIT # 25677)	Operat	tion Permit			
	New Installa	ition 🛛 Septic Tank 🔀 Nitrificati	on Line 🗆 Repair 🗆 Expansion		
	PROPERTY	LOCATION: OAKMOGG			
Name: (owner) LANCASTER,	NANCY & MIKE SUBDIVI	SION EARCENPATIERSON (MIC	2 BRANCED LOT # B		
System Installer: ALCY MOSS Registration #					
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 contac	t Health Department 6 months prior to expirat	ion for permit renewal.		
1980 - X					
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.					

	20' DE HO' 30' AREA	
PERMIT CONDITIONS: I. 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 🗆 No 🔀	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
iv. operation.		
V. Other:		
	D-Box 🗆 Pump 🗆 Alarm 🗆 H20Line 🗆	PWR Line
Following are the spec Type of system: Subsurface Drainage Field French Drain Required	No. of	gallons inches J MT. CRAPE
Authorized State A		

