| 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 | | |

