HTE# 12-5-28316

Harnett County Department of Public Health Operation Permit

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PERMII #	<u>Operation Permit</u>	
	New Installation R Septic Tank K Nitrification	Line Repair Expansion
	PROPERTY LOCATION: Docs Ro	1 —
Name: (owner) McKEE Homes LLC	SUBDIVISION OAKMONT	LOT # 4
System Installer: GODNERS BROKNOE	Registration #	
Basement with plumbing: Garage Number of Bedroom	ns 5	
Type of Water Supply: Community Public We		
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 Pe	ermit and Construction Authorization.
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PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with Rul.	. 10/1	
II. Monitoring: As required by Rule .1961.	.1701.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes	No V	
If yes, see attached sheet for additional oper		
IV. Operation:	mon conditions, maintenance and reporting.	
V. Other:		
□ D-Box □ Pump	T Aleman T Hoole	
	□ Alarm □ H20Line	PWR Line
Following are the specifications for the sewage disposal system on th		
Type of system: Conventional Other CHAMBE		Pump Tank: gallons
Subsurface No. of exact len	gth width of	depth of
Drainage Field ditches of each (itch 320 feet ditches 3 feet	ditches 18-22 inches
French Drain Required: Hipear Get		
Milled All		
Authorized State Agent	REHS Date 5812	