HTE#12-5-29538 Harnett County Department of Public Health			
PERMIT # <u>269</u> -	04 Operation	tion Permit	22331
· · · · · · · · · · · · · · · · · · ·	🔀 New Insta	lation 🕱 Septic Tank 🔀 Ni	trification Line 🗆 Repair 🗆 Expansion
1	PROPERT	Y LOCATION: DOCS RO	·
Name: (owner) <u>+</u>		ISION OAKMONT	LOT # _ 22_
System Installer: Garage X Number of Bedrooms Registration #			
Type of Water Supply: \Box Community \overleftarrow{A} Public \Box Well Distance from well <u>1000</u> 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 Authorization.			
	200'		
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	REPAIR		
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PERMIT CONDITIONS:			
I. Performance: II. Monitoring:	System shall perform in accordance with Rule .1961. 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, mai	itenance and reporting.	
IV. Operation.			
V. Other:			
	_D-Box		H20Line 🗆 PWR Line
	cations for the sewage disposal system on the above captioned pr onventional X Other <u>EZFLow</u>		gallons Pump Tank: gallons
<i>,</i> , ,	No. of $\underline{c} \underline{c} \underline{c} \underline{c} \underline{c} \underline{c} \underline{c} \underline{c} $	width of	gallons Pump Tank: gallons gallons
	ditches of each ditch $\frac{\partial^2 + O}{\partial z}$		_ feet ditches <u>18-30</u> inches
French Drain Required:			
Asselvantional Cross Acre	nt WN MILD REV	- Dette	5/31/12
Authorized State Age	nt <u> </u>	<u> </u>	2011.0