HTE# <u>13-5-3</u> 2	2522 Ha	rnett County Depa	rtment of Public	Health	23283
PERMIT # 2775	57	Opera	ion Permit		20200
		🖂 New Install	tion 📐 Septic Tank 🔉	•	Repair 🔲 Expansion
Name: (owner) System Installer:	McKEE Home EDDIE GALNE	<u>es LLC</u> subdiv	LOCATION: <u>Count</u> SION <u>Oakmont</u> tration #	•	_LOT # _5^
Basement with plumbin		of Bedrooms			
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.					
		170			
			USC LEPANR	1 170	
			DR	_ !	
COUNTRYSIDE PR					
PERMIT CONDITIONS:					
I. Performance: II. Monitoring: III. Maintenance:	System shall perform in accorda As required by Rule .1961. As required by Rule .1961. Oth Subsurface system operator requ If yes, see attached sheet for a	er:	enance and reporting.		
IV. Operation:		,	, .		
V. Other:					
□	_D-Box 🗆	Pump 🗆	Alarm 🛛	H20Line 🛛	PWR Line
Type of system: 🗆 C Subsurface	ionventional 🔍 Other <u>Y</u> No. of ditches 1		feet ditches	COO gallons Pump Tar depth of feet ditches	
Authorized State Agent Date 5 12 H					