HTE# <u>/4-5</u> -	24886	Harnett (	County De	partment	of Public	Health	2344	2
PERMIT # 28	63		Ope New Ins	ration Pe	rmit Septic Tank	Nitrification Line		
Name: (owner) _ System Installer:	McKee Hom Eddic G	nes	PROPE SUB	RTY LOCATION	: Doc'sko Dakmont	<u>k</u>		! <u>    31  </u>
Basement with plum Type of Water Suppl System Type:	bing: □ Garage □	Number of Bedroom Public  Well	ıs <u>5</u>	well	feet nd VI Systems expir	e in 5 years.		
(In accordance with	Table V a)		Owner must co	ontact Health De	partment 6 months	prior to expiration for p	permit renewal.	
This system has been inst	alled in compliance with applical	ble North Carolina General :	Statutes, Rules for Sewa	ge Treatment and Di	sposal, and all conditions	of the Improvement Permit a	and Construction Authori	zation.
	Lines OK 15 Ban			Repair AREN  133'  House				
PERMIT CONDITIONS:  I. Performance:	System shall perform in	n accordance with Rule	.1961.	Bunting	Drive			
II. Monitoring: III. Maintenance:	As required by Rule .19 As required by Rule .19 Subsurface system opera	961. Other: ator required? Yes 🗆						
IV. Operation:	If yes, see attached she	eet for additional oper	ation conditions, m	aintenance and	reporting.			
V. Other:								
	D-Box □	Pump		Alarm		H20Line □		PWR Line
Type of system: — Subsurface	No. of	ther <u>fump to (</u> exact len	<u>ن ؛ د لا لا لا لا ل</u>	amber_	Septic Tank: <u>150</u> width of	dep	th of	gallons
Drainage Field French Drain Required	ditches	_ of each o	litch 430	feet	ditches 7	feet dito	hes / Ö	inches

Authorized State Agent\_

Date 3/20/15