HTE# 15-5-35778	Harnett County De	partment of Public	Health 236	50
PERMIT #	<u>Ope</u>	eration Permit		
	🔀 New Ins	itallation 😿 Septic Tank 💢	Nitrification Line 🗆 Repai	r 🗌 Expansion
Name: (owner) McKEE H	PROPE	RTY LOCATION: ELGIN Dr	RIVE	•
		DIVISION <u>Onemont</u> Registration #	L01	T # 114
Basement with plumbing: Garage	K Number of Bedrooms	-		
Type of Water Supply: 🗆 Community 👂 System Type:	A Public 🗌 Well Distance from	well 100 feet	-	
(In accordance with Table V a)	Owner must co	Types V and VI Systems expire in ontact Health Department 6 months prio	5 years. In to expiration for permit renewal.	
This system has been installed in compliance with applica				
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178		7		
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ERMIT CONDITIONS:	ELCIM DOLINE			
	accordance with Rule .1961.			
Monitoring: As required by Rule .19	61.			
. Maintenance: As required by Rule .19 Subsurface system opera	61. Other: .tor required? Yes 🗆 No 🗶			<u> </u>
If yes, see attached she	et for additional operation conditions, mai	intenance and reporting.		
Operation:	· · ·	, U		
Other:				
D-Box 🗆	Pump 🛛		H20Line 🛛	PWR Line
lowing are the specifications for the sewage c be of system: 🗆 Conventional 🛛 🔀 Otl	isposal system on the above captioned pr			
osurface No. of	exact length	Septic Tank: 1000 width of	gallons Pump Tank: depth of	gallons
inage Field ditches	of each ditch $3 \leq 6$	_ feet ditches <u>3</u>	feet ditches 8	inches
nch Drain Required:	_ Linear feet			
thorized State Agent	MAR REIS			
INVIACU JEALE AVEIL		Date _ C		