HTE# 15-5-37067 Harnett County Department of Public Health 23847	7
PERMIT # 28538 Operation Permit	
New Installation Ex Septic Tank X Nitrification Line C Repair C PROPERTY LOCATION: Bisのパレル	Expansion
Name: (owner) MCKEE HOMES LLC SUBDIVISION ORXMONT LOT #	50
System Installer: EDDIG GARNER Registration #	
Basement with plumbing:  Garage X Number of Bedrooms  Grace from well  Orgon feet Type of Water Supply:  Community  Q Public  Well Distance from well  O O 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	ion.
RET THOUSE	
P P P	
BISON LN	
*	
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes 🗆 Ng 📉	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:	
V. Other:	
D-Box D-Box Pump Alarm H20Line H20Line	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: □ Conventional 文 Other <u>Citer mean CRUZ</u> Septic Tank: <u>1609</u> gallons Pump Tank:	gallons
Subsurface No of exact length width of a depth of	
Drainage Field ditches of each ditch _300 feet ditches feet ditches feet ditches French Drain Required:	_ inches
() and the fill	
Authorized State Agent MUL REARS Date 2316	