| HTE# 15-5- | Harnett County Department of Public Health 239 | 7 / |
|---|---|--------------|
| PERMIT # 286 | Operation Permit | |
| | New Installation Septic Tank Mitrification Line Repair | ☐ Expansion |
| M | PROPERTY LOCATION: Occrical | |
| Name: (owner) System Installer: | McKee Honer SUBDIVISION Oakmont LOT Garner Septic Registration # | # 132 |
| Basement with plumbin | | |
| Type of Water Supply: | | |
| System Type:(In accordance with Ta | Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. | |
| | | i oficial co |
| inis system nas been installi | led in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Aut | norization. |
| | House Delivery | |
| DEDMIT COMPUTIONS | | |
| 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: | |
| W 0 . | If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | _ |
| | | PWR Line |
| Following are the special Type of system: | fications for the sewage disposal system on the above captioned property. Conventional Dother Long to Osick 4 Chamber Septic Tank: 1000 gallons Pump Tank: 100 | O gallons |
| Subsurface | No. of exact length width of depth of | |
| Drainage Field French Drain Required: | ditches/ of each ditch feet | inches |
| | 11 % | |

Authorized State Agent_

Date 3/18/16