HTE# 15-5-37536

Harnett County Department of Public Health Operation Permit

23990

PERMIT	#	24624

PERMIT # 20020)	<u>Operation Permit</u>				
	New Installation B Septic Tank X Nitrificati	ion Line Repair Expansion			
	PROPERTY LOCATION: COUNTOUSIDE	Q _Q			
Name: (owner) Mckee Homes LZ		LOT # 52			
		L01 # <u>5</u>			
System Installer: EOOSE Garner	Registration #				
Basement with plumbing: Garage Number of Bedroom					
Type of Water Supply: Community Public Well					
System Type:	Types V and VI Systems expire in 5 years.	2 . K			
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expira-	tion for permit renewal.			
This system has been installed in compliance with applicable Morth Carolina Coneral C	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improveme	ant Parmit and Construction Authorization			
	COD NEW DE DOS DOS				
PERMIT CONDITIONS:	10/1				
 Performance: System shall perform in accordance with Rule Monitoring: As required by Rule .1961. 	.1701.				
III. Maintenance: As required by Rule .1961. Other:					
Subsurface system operator required? Yes	No TV				
If yes, see attached sheet for additional oper					
IV. Operation:					
V. Other:					
□ D-Box □ Pump	□ Alarm □ H20L	Line PWR Line			
Following are the specifications for the sewage disposal system on th					
Type of system: Conventional Other THENSE		llons Pump Tank: \\OOO \\O gallons			
Subsurface No. of exact len	gth width of	denth of			
Drainage Field ditches of each of	fitch 250 feet ditches 3 feet				
French Drain Required: Linear feet					
Authorized State Agent	Date 4) 11	16			