HTE# <u>16-5</u> -	Harnett County Department of Public Hea	lth 24331
PERMIT # _ 28'	<u>Operation Permit</u>	24001
🖂 New Installation 🖃 Septic Tank 🕞 Nitrification Line 🗆 Repair 🗆 Expansion		
PROPERTY LOCATION: 31 1006 010 5.740 8-RD		
	onfort Hones FUC SUBDIVISION OXFORD WOOS	PDS LOT # $YZ$
System Installer: <u>Sussell Phulips</u> Registration # Basement with plumbing: Garage Vumber of Bedrooms 3		
Type of Water Supply: 🗆 Community 🗹 Public 🔲 Well Distance from well feet		
System Type: <u>25% REAUCTOR</u> System Type <u>UT</u> B (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.		
QUER-Y Choline		
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.		
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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:	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
	D-Box Pump Alarm	H20Line 🗆 PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.		
Type of system:		gallons Pump Tank: 1000 gallons
Subsurface Drainage Field	No. of exact length width of ditches feet ditches	depth of feet ditches <u>27</u> inches
French Drain Required		increase inc
	gent and E MANHAR HT REHS Date	
Authorized State Ag	gent and C / ANNAR Date Date	12-29-16
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