HTE# 17-5-40973 Harnett County Department of Public Health

24773

| PERMIT # _ 29351 | <u>Operation Permit</u> |
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| | Mew Installation Septic Tank Mitrification Line Repair Expansion |
| | PROPERTY LOCATION SOL 1448 ATTOONS RAS |
| Name: (owner) Royal Oaks BIDG Gas | |
| System Installer: Dernots Medlen | Registration # |
| Basement with plumbing: Garage Mumber of Bedrooms | <u></u> |
| Type of Water Supply: Community Public Well | Distance from well feet |
| System Type: 25 % nodute Sydn Type to | 6 F7 Lactures 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. |
| · · | Francisco de la constantina della constantina de |
| This system has been installed in compliance with applicable North Carolina General Stat | utes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. |
| work Dlw | Repair Maries Stapping |
| PERMIT CONDITIONS: | |
| I. Performance: System shall perform in accordance with Rule . | 961. |
| II. Monitoring: As required by Rule .1961. | |
| III. Maintenance: As required by Rule .1961. Other: | |
| Subsurface system operator required? Yes N | |
| If yes, see attached sheet for additional operati | |
| 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: Conventional Other Oth | |
| French Drain Required: Linear feet | |
| Authorized State Agent a 5 Mon | Las de 11-2-17 |
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