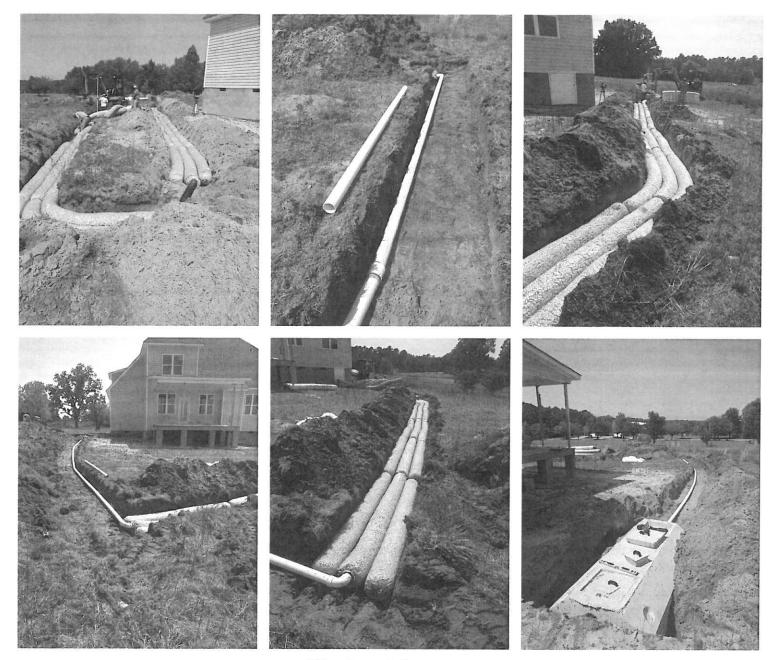
HTE# 17-5-4-638 Harnett County Department of Public Health 25064	
PERMIT # 29803 Operation Permit	
New Installation & Septic Tank Nitrification Line Repair Ex	nansion
PROPERTY LOCATION: WILLIE CAMERON	pansion
Name: (owner) Moss Homebulloers SUBDIVISION CENTRE220 LOT # 7	
System Installer: Registration #	
Basement with plumbing: Garage K Number of Bedrooms Type of Water Supply: Community K Public Well Distance from well 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.	
125	
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REPAIR AREA	
1.60	
5° B., D- 192	
HOUSE	
H47 3:	
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27. D	
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SOEL WAY	
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 🗆 No 🔀	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□D-Box □Pump □Alarm □H20Line □F	WR Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Conventional	gallons
Subsurface No. of exact length width of depth of Drainage Field ditches feet ditches incl	nes
French Drain Required: Linear feet	
And the	
Authorized State Agent Date 5/16/18]



17-5-42668