HTE# 13-5-L		Harnett County De	partment of Publ	ic Health	25120
PERMIT # 300	002	New In	eration Permit stallation Septic Tank ERTY LOCATION: Docs	Nitrification Line	│ Repair □ Expansion
Name: (owner)	H+H CONSTOL		BDIVISION OAKMONT		LOT # 293
	YELLOW D				
Basement with plum		Number of Bedrooms	Registration #		
Type of Water Suppl			well feet		
System Type:		and in the planter from	Types V and VI Systems exp	pire in 5 years.	
(In accordance with	1	Owner must o	contact Health Department 6 month	and the state of t	t renewal.
This system has been inst	talled in compliance with applicable	North Carolina General Statutes, Rules for Sew	age Treatment and Disposal, and all conditi	ons of the Improvement Permit and Co	nstruction Authorization.
		REPAIR, AREA HOUS	E 120-		
		HOPELAN	0 02		
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 .196				
	Subsurface system operator required? Yes \(\sime\) No \(\sime\) If yes, see attached sheet for additional operation conditions, maintenance and reporting.				
IV. Operation:	If yes, see attached sheet	for additional operation conditions,	maintenance and reporting.		
V. Other:					
	D-Box 🗆	Pump 🗆	Alarm 🗆	H20Line 🗆	PWR Line
		sposal system on the above captioned		200	
Type of system: Subsurface	Conventional Oth				
Drainage Field	No. of ditches	exact length of each ditch 200	width of ditches	3 feet ditches	18.32) inches
P. 1100		or cach ditch	rect untiles	icer direies	· O O I Inches

Authorized State Agent_

Drainage Field French Drain Required

Linear feet

Date