13-5-31		
HTE# <u>13-5-31</u>	Harnett County Department of Public Health	23099
PERMIT # <u>27 4</u>	<u>Operation Permit</u>	tom 💙 😳 J
	PROPERTY LOCATION: Doc's Red.	1e 🗀 Repair 🗀 Expansion
	4+4 Contruction SUBDIVISION Oakmont	LOT # _/
System Installer: _ Basement with plumb	Ott: S Otr: c Klend Registration #	
	y: □ Community □ Public □ Well Distance from well feet	
System Type:	TTT G- Types V and VI Systems expire in 5 years.	
(In accordance with T	Table V a) Owner must contact Health Department 6 months prior to expiration for	permit renewal.
This system has been insta	alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permi	t and Construction Authorization.
PERMIT CONDITIONS:	PARK:ng	
I. Performance: II. Monitoring: III. Maintenance:	System shall perform in accordance with Rule .1961. As required by Rule .1961. As required by Rule .1961. Other:	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
v. otner:	D-BoxPumpAlarmH20Line	
	D-Box	PWR Line
Type of system:		np Tank: gallons
Subsurface	No. of exact length width of de	pth of
Drainage Field French Drain Required:	ditches of each ditch feet ditches feet dit	tches <u>2</u> inches
Authorized State Age	gent Muin, REHS Date 3/24/20	14