HTE#	Harnett County Department of Public Health 25161	
PERMIT # 3040	Operation Permit	
• • • • • • • • • • • • • • • • • • • •	New Installation 🗹 Septic Tank 🗹 Nitrification Line 🖵 Repair 🗀 Expansion	
Name: (aunar)	Under Allon SUBDIVISION LOT #	
Name: (owner) Use Alliso SUBDIVISION LOT # System Installer: Kerker Westers Registration #		
Basement with plumb	ing: 🗌 Garage 🗌 Number of Bedrooms	
Type of Water Supply: Community Public Well Distance from well 50 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.		
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	JR 1709 Hodges CHAppel CAVRUT 20	
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:	
W 0 :	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
	D-BoxPumpAlarmH20LinePWR Lin	
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 25% Reduction Septic Tank: 1000 gallons Pump Tank: 1000 gallons		
Subsurface	No. of exact length width of depth of	
Drainage Field French Drain Required	dicircs dicircs dicircs dicircs	
•	SMI AND DEHS	
Authorized State A	gent Date 3-29-19	

V