HTE#_SFD1809.0009

Harnett County Department of Public Health

No. 26040

PERMIT # 30217

Operation Permit

	New Installation Septic Tank Mitrification Line Repair	
Name: (owner)	PROPERTY LOCATION: SO RAINTREE	
System Installer		8
Basement with plun	Registration #	
Type of Water Supr		
System Type:		
(In accordance with	Types v and vi systems expire in 5 years.	
	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been ins	stalled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorize	ration
PERMIT CONDITIONS:	REPONCE , ALEA , LOUSSAW J R OODN'N P CUUSIAW J R OODN'N P CANTIZEE LN	
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 No No No No No No N	
IV. Operation:	- yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
Following are the speci	D-Box Pump Alarm H20Line Higher H20Line H20Line H20Line	PWR Line
Type of system:		
Subsurface	No. of gallons Pump Tank:	gallons
Orainage Field	discher discher	inches
rench Drain Required:	Linear feet ditches -5	inclie?
Authorized State Age	ent Date	
	Date Juli	