HTE# SFD1812-0006

Harnett County Department of Public Health

25561

Authorized State Agent_

PERMIT # _ 30306 Operation Permit New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 96 Hopeland Dr. (Docs Rd. - SMING McKee Homes, LEL Name: (owner) SUBDIVISION Oakmont LOT # 291 System Installer: Registration # Basement with plumbing: Garage Number of Bedrooms -Type of Water Supply:

Community Distance from well _____ feet Public Well System Type: 25% _ 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. * SETUAL DISTIZIBUTION CHAMBER 300 DIW PERMIT CONDITIONS: 1. System shall perform in accordance with Rule .1961. Performance: 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: ٧. Other: D-Box Pump Alarm \square H20Line □ **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Other Q4 Chamber III Type of system:

Conventional Septic Tank: gallons Pump Tank: Subsurface No. of exact length width of depth of Drainage Field of each ditch ditches 24ditches ditches inches French Drain Required: 06/04/2017

Date