## Harnett County Department of Public Health

No. 26206

| PERMIT # <u>Uperation Permit</u>  |         |
|---|---------|
| 🖾 New Installation 🔀 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗆 Expar  | rsion   |
| PROPERTY LOCATION: 45 Windfield (4 (DOG Rd)   |         |
| Name: (owner) Hat A Construction of Toy SUBDIVISION Oakmont LOT # 165   |         |
| System Installer: Registration #  |         |
| Basement with plumbing: Garage Mumber of Bedrooms   |         |
| Type of Water Supply:  Community Public Well Distance from well feet  |         |
| Types I and it systems expire in a feature  |         |
| (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 Cardina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.  |         |
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| 1,20 55   |         |
| ADK OFD   |         |
| 48R SFD<br>50' x 37'  |         |
| 50 ×31   +  |         |
| 25%   |         |
| Leduction   |         |
|   |         |
| Repair 120' Fill  |         |
| Area  |         |
|   |         |
|   |         |
|   |         |
|   |         |
| wirdfield C+  |         |
| wirdtheld C+  |         |
| PERMIT CONDITIONS:  |         |
| 1. Performance: System shall perform in accordance with Rule .1961.   |         |
| II. Monitoring: As required by Rule .1961.  |         |
| III. Maintenance: As required by Rule .1961. Other:   |         |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting.  |         |
| IV. Operation:  |         |
|   |         |
| V. Other:   |         |
| D-BoxPumpAlarmH20LinePV   | NR Line |
| Following are the specifications for the sewage disposal system on the above captioned property.  |         |
| Type of system:  Conventional Other 11 a Quick 44 Septic Tank: 1000 gallons Pump Tank: | allons  |
| Subsurface No. of exact length width of depth of Drainage Field disches of each disches inche   |         |
| brainage freid diteries feet diteries   | \$      |
| French Drain Required: Linear feet  |         |
| 1 1 20/20   |         |
| Authorized State Agent Date Date  |         |
|   |         |