Harnett County Department of Public Health

PERMIT # BCOM 2207-0002 Operation Permit
New Installation Septic Tank Nitrification Line Repair Expansion
PROPERTY LOCATION: US / form 3015
Name: (owner)
System Installer: Share Ma sould Foster Septic
Basement with plumbing: Garage Number of Bedrooms 10 comployees 250 cpl paring
Type of Water Supply: Community Public Well Distance from well 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.
141533 - 146949
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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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:
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes No No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
□
Following are the specifications for the sewage disposal system on the above captioned property.
Type of system: Conventional Other Dry to 25 Tolor Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 118 feet ditches 5 feet ditches 20 inches French Drain Required: Linear feet
Authorized State Agent One Marshan Date 8-10-23
Authorized State Agent Date 2-10-13