Harnett County Department of Public Health

PERMIT # Blom 2208-0007 Operation Permit New Installation Septic Tank Nitrification Lipe Repair Expan	sion .
Name: (owner) Bool Commings SUBDIVISION SUBDIVISION SUBDIVISION SUBDIVISION LOT # System Installer: Flvis forcloth Basement with plumbing: Garage Number of Bedrooms Assembly Hall (600 GPD) Type of Water Supply: Community Public Well Distance from well feet System Type: Type Tub B 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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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: Subsurface system operator required? Yes If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □ PV	VR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Conven	llane
Subsurface No of exact length width of depth of	llons
Drainage Field ditches of each ditch 376 feet ditches inches	
French Drain Required: Linear feet Linear feet Linear feet	
Authorized State Agent Mole REHS Date 8-15-23 9-13-23	