Harnett County Department of Public Health PERMIT # Bros 2104-0065 R **Operation Permit** New Installation Septic Tank M Nitrification Line Repair Expansion PROPERTY LOCATION: 8363 Broadway Rd (SR1222) LOT # SUBDIVISION Name: (owner) Janice System Installer: Basement with plumbing: Garage

Number of Bedrooms **▼** Public ☐ Well Type of Water Supply:

Community Distance from well TYPE III B Types V and VI Systems expire in 5 years. System Type: ___ (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.

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PERMIT CONDITIONS:										
l.	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 🔯									
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.									
IV.	Operation:									
٧.	Other:									
		D-Box	\times	Pump	X	Alarm		H20Line	e 🗆	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.										
	of system:		≥ Other	25% reduc	Tion I	P4_ Septic Tank:	1000	gallons	Pump Tank: 1000	gallons
Subsu		No. of	,	exact length	9	width of	2		depth of	
Drain	age Field	ditches		of each ditch	ZZ8 feet	ditches _	3	feet	ditches/ O	inches
French Drain Required: Linear feet										
Authorized State Agent Mal Mal REHS Date 1-4-22								-22		