Harnett County Department of Public Health

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|-------------------------------------|--|---------|
| PERMIT # Bres | 2401-2086 Operation Permit | |
| | New Installation Septic Tank Mitrification Line Repair Expan | sion |
| 1 | PROPERTY LOCATION: 2800 Beptist Grove Kd, trguay | |
| , , | boby & Kr.37. n M.11 SUBDIVISION LOT # 1 A | |
| | Jason Matthews | |
| Basement with plumbi | ng: Garage Number of Bedrooms Community Public Well Distance from well feet | |
| System Type: 25% | Reduction Type II (6) For Labers Types V and VI Systems expire in 5 years. | |
| (In accordance with Ta | | |
| This system has been install | ed in compliance with applicable North Carolina General Statutes, Rules for Sewage reatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. | |
| | | |
| | * NEEDY VAMP | |
| | Future 2 | |
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| | | |
| | Frint | |
| | prof 30' | |
| | SFD 10020 | |
| | 3-BR 00 | |
| 2 | #=Tree | |
| | W-1166 | |
| | W 3 - | |
| | | |
| | 12 12 | |
| | 66.0 | |
| | 15'off OH Pauler Link | |
| | H-13- | |
| | 3 - 5 W - 18 W - | |
| DEDMIT CONDITIONS. | | |
| 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 \(\sigma\) No \(\sigma\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| 700 To Co. | | |
| V. Other: | | |
| | | /R Line |
| | ifications for the sewage disposal system on the above captioned property. Conventional Dother Type II (6) I 24 Chamber Septic Tank: 1,000 gallons Pump Tank: 1,000 gal | |
| Type of system: Subsurface | No of exact length width of depth of | ions |
| Drainage Field | No. of ditches 1 exact length of each ditch 338' feet ditches 3 feet ditches 18'-20" inches | |
| French Drain Required | | |
| | rent Ma San REA Date 8-77-74 | |
| Authorized State A | gent May 1844 Date 6-27-24 | |