Harnett County Department of Public Health

PERMIT # Bres 2402-0014

Operation Permit

	New Installation Septic Tan	nk 🔼 Nitrification Line 🗆 Repair 🗆	Expansion
C 1: 11	PROPERTY LOCATION: 6/1	13 Cool Springs Rd (SRIZ	68)
Name: (owner) Codia Hayes	SUBDIVISION	LOT #	
System Installer: Basement with plumbing: Garage Number of Bedrooms	4 (800-1/0)		
Basement with plumbing: ☐ Garage ☐ Number of Bedrooms Type of Water Supply: ☐ Community ☑ Public ☐ Well	Distance from well feet		
System Type: Type TIL 9	Types V and VI Systems	s expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Department 6 m	nonths prior to expiration for permit renewal.	
This system has been installed in compliance with applicable Mosth Carelline Constall	tutes Bules for Savage Treatment and Disperal and all a	anditions of the Improvement Powers and Construction Authorization	
This system has been installed in compliance with applicable North Carolina General Sta	utes, nules for sewage freatment and disposal, and all co	mondons of the improvement Permit and Construction Authorizatio	M.
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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 opera IV. Operation:	tion conditions, maintenance and reporting.		
ii. Operation.			
V. Other:			
∑ D-Box □ Pump	□Alarm □	H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the		112021110	
Type of system: Conventional Other 25 Zords	eTion EZFlow Septic Tank	gallons Pump Tank:	gallons
Subsurface No. of exact leng	th width of	f depth of	
Drainage Field ditches of each d	tch feet ditches	feet ditches	inches
French Drain Required: Linear feet			
ul I	1 1	- 19-95	
Authorized State Agent	- WAGID	Date 7-10-25	