Harnett County Department of Public Health	
PERMIT # 2707) Operation Permit	22518
New Installation 🗷, Septic Tank 🔀 Nitrification Line 🗆	Repair Expansion
PROPERTY LOCATION: OVERNATULES KD	
Name: (owner) AMERICAN HOMESMITH SUBDIVISION STONECROSS	LOT # <u>70</u> _
System Installer: Thoでついる アレンのおいら Registration # Basement with plumbing: □ Garage 전 Number of Bedrooms 3	
Type of Water Supply: Community Public Well Distance from well 100 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 re	lewana
(in accordance with Table 4 a)	enewai.
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 Constr	ruction 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.	

Operation: ٧. Other: Alarm □ H20Line □ **PWR Line** D-Box Pump 🗆 Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:

Conventional

Other

Pure To E2 Frow Septic Tank: 1060 gallons Pump Tank: 1000 gallons exact length width of depth of No. of Subsurface ditches 24-30 inches of each ditch 150 ditches _ Drainage Field ditches feet French Drain Required

Authorized State Agent

PCHS

Date 10 15 12