Harnett County Department of Public Health

PERMIT # EH2109-006	Operation Permit
A CONTRACTOR OF THE CONTRACTOR	☑ New Installation ☑ Septic Tank ☑ Nitrification Line ☐ Repair ☐ Expansion
	PROPERTY LOCATION: 1780 US 421 N
Name: (numer) Since Ties Homes	SUBDIVISION LOT #
Name: (owner) Signature Homes System Installer: C. Gilbert	SUBDITISIONEUT //
	4
Basement with plumbing: ☐ Garage ☑ Number of Bedrooms _ Type of Water Supply: ☐ Community ☑ Public ☐ Well	Distance from well feet
	Types V and VI Systems expire in 5 years.
	Owner must contact Health Department 6 months prior to expiration for permit renewal.
(III accordance with rable v a)	Owner must contact reach beparement of months prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Statut	es, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	Septic System Instally
	Septic System Installar properly on 3-29-22
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1	961.
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	on conditions, maintenance and reporting.
IV. Operation:	
V 044	
V. Other:	
□ D-Box □ Pump	□ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the a	above captioned property.
Type of system: Conventional Other 25% (16)	
Subsurface No. of exact length	
Drainage Field ditches of each ditches	ch feet ditches feet ditches inches
French Drain Required: Linear feet	
M	system / tomp
Authorized State Agent Mark M. PEHS	Date 3-29-22