Harnett County Department of Public Health

PERMIT # EH 2306-0004	<u>Operation</u>	Permit		
		☐ Septic Tank ❤️ Nit	rification Line 🖄 Repair	Expansion
	PROPERTY LOCA	TION: 128 ConTabe	IN Dr (SR 20	81)
Name: (owner) Jomes Seagle	SUBDIVISION		LOT	
System Installer: C. Carter				"
	of Bedrooms 3 (Greatle)			
Type of Water Supply: Community Public	☐ Well Distance from well	feet		
System Type: Type TIL 9		s V and VI Systems expire in 5 y	years.	
(In accordance with Table V a)	Owner must contact Healt	h Department 6 months prior to	expiration for permit renewal.	
		W 2		
This system has been installed in compliance with applicable North Care	lina General Statutes, Rules for Sewage Treatment	and Disposal, and all conditions of the In	nprovement Permit and Construction Aut	thorization.
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I. Performance: System shall perform in accordan	ce with Rule .1961.			
II. Monitoring: As required by Rule .1961. Maintenance: As required by Rule .1961. Other	_			
III. Maintenance: As required by Rule .1961. Other Subsurface system operator required by Rule .1961.				-
	ditional operation conditions, maintenance	and reporting.		
IV. Operation:				
V. Other:				_
□ D-Box □	Pump	Alarm \square	H20Line □	PWR Line
Following are the specifications for the sewage disposal s				
Type of system: Conventional Other 25	LILLUCTION I QU	Sentic Tank: Existin	7_ gallons Pump Tank:	gallons
Subsurface No. of	exact length	width of	depth of	8
Drainage Field ditches/	of each ditch 186 feet	ditches 3	feet ditches	inches
French Drain Required: Linear				
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Authorized State Agent Mod.	DEHS	Date	8-11-23	1 3 3 8