## Harnett County Department of Public Health

| PERMIT # <i>£1-12410</i>                   | 0-0023  | Operation Per                              | Septic Tank   Nitri                  | fication Line  Repair                     | Expansion |
|--|---|--|--------------------------------------|---|-----------|
| Name: (owner)She                           | 16/der  |  |                                      | re Church Rd (5)                          |           |
| System Installer: 72                       | Try Horale  | SUBDIVISION                                |                                      | LOT #                                     |           |
| Basement with plumbing:                    | Garage Number of Bedrooms                                     | 2 (4 people)                               |                                      |   |           |
| Type of Water Supply:   C                  |   | Distance from well                         | feet                                 |   |           |
| System Type:                               | Tank replacemen   | Types V ar                                 | nd VI Systems expire in 5 year       |   |           |
| (In accordance with Table V a              | 1)  | Owner must contact Health Dep              | artment 6 months prior to e          | xpiration for permit renewal.             |           |
| This system has been installed in con      | mpliance with applicable North Carolina General St            | atutes, Rules for Sewage Treatment and Dis | posal, and all conditions of the Imp | rovement Permit and Construction Authoriz | ation.    |
|  |   |  |                                      |   |           |
| PERMIT CONDITIONS:  I. Performance: System | n shall perform in accordance with Rule                       | Barbecue CL                                | Prain Field-                         |   |           |
|  | n shall perform in accordance with Kule quired by Rule .1961. | .1961.                                     |                                      |   |           |
| 0  | quired by Rule .1961. Other:                                  |  |                                      |   |           |
|  | rface system operator required? Yes                           |  |                                      |   |           |
|  | , see attached sheet for additional opera                     | ation conditions, maintenance and          | reporting.                           |   |           |
| IV. Operation:                             |   |  |                                      |   |           |
| V. Other:                                  |   |  |                                      |   |           |
| □ D  | -Box 🗆 Pump   | Alar                                       | m 🗆                                  | H20Line                                   | PWR Lin   |
|  | s for the sewage disposal system on the                       | above captioned property.                  |                                      |   |           |
| Type of system: Convent                    |   | eplacement (GTR)                           |                                      |   | gallons   |
| Subsurface No. of Drainage Field ditche    |   | itch feet                                  | width of<br>ditches                  | depth of feet ditches                     | inches    |
| French Drain Required:                     | Linear feet   |  | arteries                             | nece uniting                              | _ inches  |
| Authorized State Agent                     | Moh Oh  | REHS                                       | Date                                 | 1-29-25                                   |           |