HTE# 5501910-0030

Harnett County Department of Public Health

No. 26131

PERMIT # NA Operation Permit

₽	New Installation
N () (0)	PROPERTY LOCATION: 142 ALLOOD Dr. (CHRISTIAN LT A
Name: (owner) KB HOMES CARCLINAS	
System Installer: THORTONS PLUMOING	
Basement with plumbing: Garage Mumber of Bedrooms	
	Distance from well No feet
System Type: 25% NEDOCTION STS. III	Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal.
(in accordance with Table Y a)	owner must contact nearth bepartment o months prior to expiration for permit renewal.
This' system has been installed in compliance with applicable North Carolina General Statute	es, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	* CABOITY TO D-BOX
	# INSTALLED PER PROPOSAL
	37 CENTRAL CAROLINA
2 4 / 6	SOIL CONSULTING
TECA THE 13	83' X X X X X X X X X
& N - &	302 SFD 2
	D/10 0
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .196	61.
Homeoring. As required by hale .1701.	DOOD DRIVE
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \(\subseteq \text{No.} \)	
If yes, see attached sheet for additional operation	
IV. Operation:	Constitutions, maintenance and reporting.
V. Other:	
□ D-Box □ Pump	□ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the abo	
Type of system: Conventional Other Ez Flo	Septic Tank: 1048 gallons Pump Tank: gallons
Subsurface No. of exact length	width of depth of
	120 feet ditches 3 feet ditches 24 inches
French Drain Required: Linear feet	
Authorized State Agent Date 54 22 2026	