HTE# 3F102004-0001

Harnett County Department of Public Health

PERMIT # ~ ~ ~

(In accordance with Table V a)

PERMIT CONDITIONS:

11.

III.

IV.

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Subsurface

Drainage Field

Performance:

Monitoring:

Maintenance:

Operation:

Other:

No. 26262 **Operation Permit** 51 1707 New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 31 SNOW GOOSE OIR (NEIGHBORS NO) Name: (owner) KED DANDSON HOMES FOR SUBDIVISION BENNETT PL. LOT # 21 System Installer: 6 FORES Breach OF Registration # Basement with plumbing:
Garage Number of Bedrooms _______ Type of Water Supply:

Community Public

Well Distance from well

feet System Type: 25% REDUCTION STS. THE Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. 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 Construction Authorization. EQUAL DISTRIBUTION SFD System shall perform in accordance with Rule . 1961. Subsurface system operator required? Yes
No If yes, see attached sheet for additional operation conditions, maintenance and reporting. **PWR Line**

Following are the specifications for the sewage disposal system on the above captioned property. Type of system:
Conventional Other EZ FLOW THE

exact length 90 of each ditch

width of ditches

Septic Tank: ____ gallons Pump Tank: __ depth of ditches 24 inches

French Drain Required: _ Linear feet

No. of

ditches

As required by Rule .1961.

As required by Rule . 1961. Other:

Authorized State Agent

07/14/2020 Date