Harnett County Department of Public Health

Name: (owner) Kent & Jane Hammon's System Installer: A & R Enter prises Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well System Type: 25 * Keduction Type tricks (In accordance with Table V a)	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.	
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.		
* prop + Alein Checked		
45.	25K Red 	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule	e 1961	
II. Monitoring: As required by Rule .1961.	· · · · · · · · · · · · · · · · · · ·	
III. Maintenance: As required by Rule .1961. Other:] No □	
If yes, see attached sheet for additional oper		
IV. Operation:		
V. Other:		
□ AII 1/2 50 Tkg D-Box □ Pum		PWR Line
Following are the specifications for the sewage disposal system on the Type of system: Conventional Other Type TII	the above captioned property. (b) FRU Chrank (S Septic Tank: 1/000 gallons Pump Tank: 1,000	gallons
	ngth 172' width of depth of 11/1/	
Drainage Field ditches of each o	ditch 122 feet ditches 3 feet ditches 18-22 inch	nes
Authorized State Agent Am Ann	PEHS Date 4-12-25	