Harnett County Department of Public Health Operation Permit

PERMIT # <u>SFD 2010 - 0038</u> <u>Operation Ferning</u>	
New Installation Septic Tank Mitrification Line Repair Expansion	n
Name: (owner) Adams Homes Subdivision Carolina Seasons LOT # 15	-
	-
System Installer: Yellow Dog Basement with plumbing: Garage X Number of Bedrooms 4	
Type of Water Supply: Community Public Well Distance from well feet	
System Type: Type TIL B Types V and VI Systems expire in 5 years.	
(In accordance with Table V a) 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.	
7-25' 39' x 39' 4Br House Futuri 25 7 7 6' 10'	
$6z' \frac{1}{2} \frac{1}{3} \frac{1}{3}$	
PERMIT CONDITIONS: Spring Flowers Dr	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes No No No No No No No No	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box	Lin
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 25% reduction Gy Septic Tank: 1000 gallons Pump Tank: 1000 gallons	ns
Subsurface No. of pexact length 102 width of 2 depth of 74	
Drainage riefu ditties discussion di casti ditties di casti di casti ditties di casti di	1
- A A	
Authorized State Agent Mah MREHS Date 6-21-22 / 8-24-22	