

# Harnett County Department of Public Health

PERMIT # SFD2010-0040

## Operation Permit

New Installation    Septic Tank    Nitrification Line    Repair    Expansion

PROPERTY LOCATION: 464 Spring Flower Dr

Name: (owner) Adams Homes   SUBDIVISION Carolina Seasons   LOT # 28

System Installer: Yellow Dog

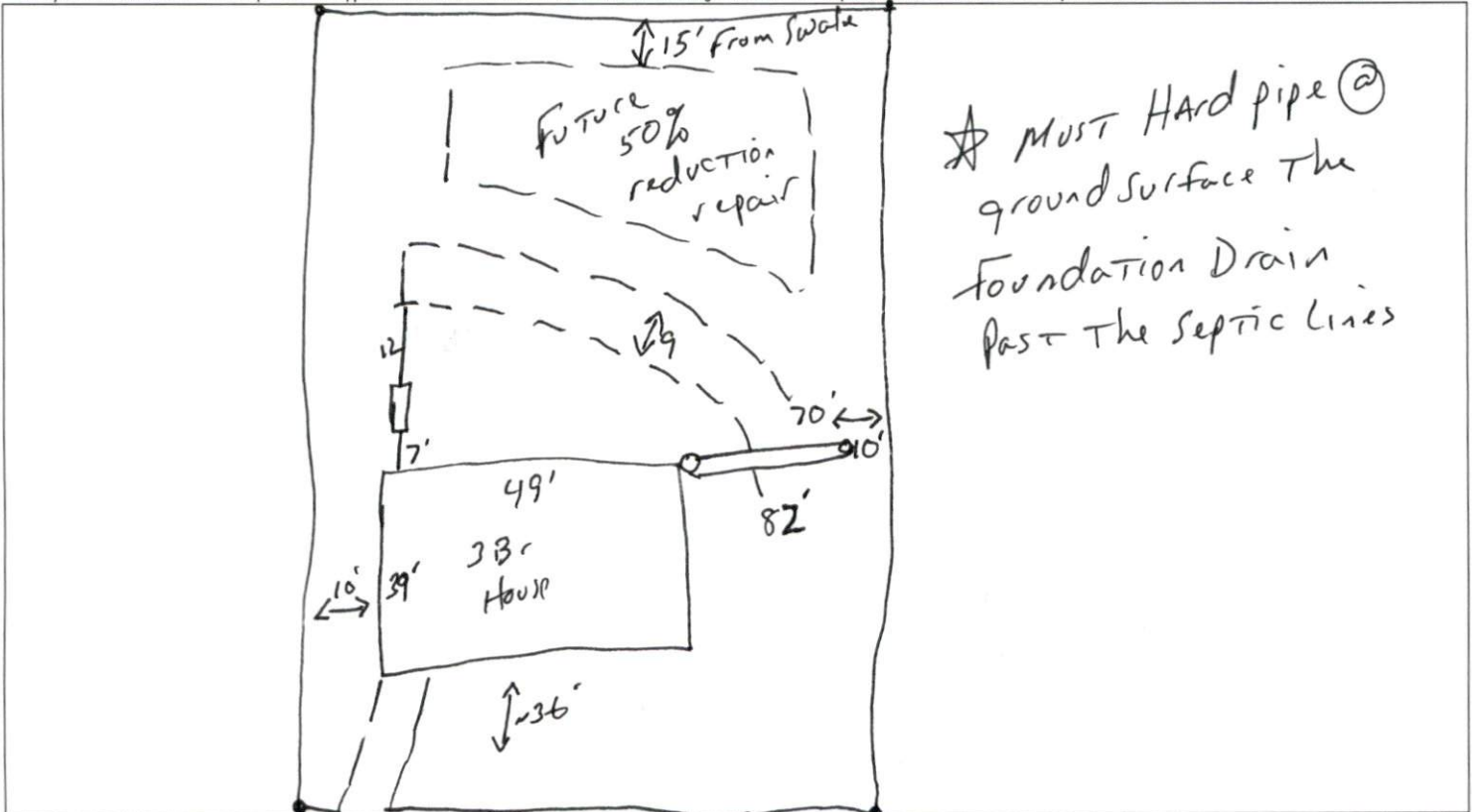
Basement with plumbing:    Garage    Number of Bedrooms 3

Type of Water Supply:  Community    Public    Well   Distance from well \_\_\_\_\_ feet

System Type: TYPE III 9   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.



★ MUST HARD pipe @  
ground surface the  
Foundation Drain  
Past the Septic Lines

**PERMIT CONDITIONS:**

- 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   
If yes, see attached sheet for additional operation conditions, maintenance and reporting.

- IV. Operation: \_\_\_\_\_
- V. Other: \_\_\_\_\_

\_\_\_\_\_ D-Box    \_\_\_\_\_ Pump    \_\_\_\_\_ Alarm    \_\_\_\_\_ H2O Line    \_\_\_\_\_ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:  Conventional    Other 25% reduction   Septic Tank: 1000 gallons   Pump Tank: \_\_\_\_\_ gallons  
Subsurface   No. of   exact length   width of   depth of  
Drainage Field   ditches 1   of each ditch 152 feet   ditches 3 feet   ditches 30 inches  
French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent Mah [Signature] REHS   Date 5-5-22