## Harnett County Department of Public Health

PERMIT # SFD 2010-0089 **Operation Permit** 🛮 New Installation 🔼 Septic Tank 🔀 Nitrification Line 🗌 Repair 🗆 Expansion PROPERTY LOCATION: 49 Shortleaf CT Name: (owner) MRH Land Holding SUBDIVISION Caroline Seasons System Installer: Yellow Dog Basement with plumbing: Garage Wumber of Bedrooms \_
Type of Water Supply: Community Public Well Distance from well System Type: 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. 3 B1 PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. Performance: 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: Other: D-Box □ \_\_\_\_\_ Alarm □ \_\_\_\_ H20Line **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Other 25% reduction Type of system: 

Conventional Septic Tank: gallons Pump Tank: gallons Subsurface No. of exact length width of of each ditch \_ 180 Drainage Field ditches ditches ditches inches

Date

French Drain Required:

Authorized State Agent

Linear feet