Harnett County Department of Public Health

| | and a second of the | | |
|-------------------|--|--|---|
| PERMIT # | 5=0 3101-0053 Opera | ation Permit 5~ | 1415 |
| | | llation 🖎 Septic Tank 🗷 Nitrification Line 🗆 Re | |
| | | Y LOCATION: 161 MILL BEND Dr. (NAVE | |
| N (| | | |
| | | VISION OLDE MILL VILLAGE | LOT # <u>62</u> |
| | taller: Care Prombine | | |
| | th plumbing: Garage Number of Bedrooms 3 | II | |
| | to the [4] of the first properties of the second to the se | Types V and VI Systems expire in 5 years. | |
| | ce with Table V a) Owner must cont | | ewal |
| (iii accordance | o mar radic v a) | act reach peparanent o mondo prior to expiration for perior tent | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| This system has I | been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage | Treatment and Disposal, and all conditions of the Improvement Permit and Construct | ion Authorization. |
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| | | | |
| | 7 | | |
| | 23 24 | * AUMP TO MEDIUM S | J-30× |
| | | SEMAL DISTURBUT | (0.0) |
| | OH CHAMBER | | |
| | 75(4) | CHAMBER CONDE | |
| | 1850 | @ HENDERS | |
| | 1+-15 | # INSTACL: OBJUGAL ** ** ** ** ** ** ** ** ** ** ** ** ** | |
| | 1 356 NONLITION 1 | # INSTALL: 08/16/20 | 921 |
| | 1 Freez 0 50 | - XPA HLANN: OSIZAIS | 03.1 |
| | ange w | 24 | |
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| | 500 | | _ |
| | ,— | | |
| | | P | 4.5 |
| 7 | 357 9 | | |
| | ~357' \ 90 | | |
| | 104 | | |
| | MILL BEND BRIVE | 3 | |
| DEDMIT COND | | | |
| PERMIT COND | mance: System shall perform in accordance with Rule .1961. | | |
| II. Monito | The state of the s | | |
| | enance: As required by Rule .1961. Other: | | |
| | Subsurface system operator required? Yes \(\square\) No \(\square\) | | |
| | If yes, see attached sheet for additional operation conditions, ma | intenance and reporting. | |
| IV. Opera | ation: | | |
| | | | |
| V. Other: | | | |
| | D-Box 🗆 Pump 🗆 | Alarm 🗆 H20Line 🗆 | PWR Line |
| Following are | e the specifications for the sewage disposal system on the above captioned p | roperty. | |
| | em: Conventional S Other OH CHANGEL | Septic Tank: 1000 gallons Pump Tank: _ | loco gallons |
| Subsurface | No. of exact length | width of depth of | |
| Drainage Field | | feet | Es inches |
| French Drain | Required: Linear feet | | T T |
| | fatte 12 | | |
| Authorized | State Agent | Well Date 08/20/202 | 1 |