Harnett County Department of Public Health

PERMIT # _ STO 2 102-00-19	Operation Permit
	New Installation
	PROPERTY LOCATION: ZOS WINDY FARE DR. (CHRISTIAN CT 25)
Name: (owner) _ KB HOMES CAROLINA	1 ~.
System Installer: HIGHERDS GROVE Therestors Munking	
Basement with plumbing: Garage Number of Bedrooms These of Wester Supplies Suppli	
Type of Water Supply: ☐ Community ☐ Public ☐ Well System Type: ☐ 25% VESUCTION 573 7	
(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.	
	* 6140 TP TO 13.300
	FEGURE DISTRIBUTION
1	- me~
	25% resources
	VESAIN AVEN
	EZ ELGO
100	90(3)
	15' 20 17' 121
	151
	\$F72
-	26' 6
1	20
PERMIT CONDITIONS:	130 30
I. Performance: System shall perform in accordance with Rule	.1961.
	DINOT FORM ON.
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes	No.187
If yes, see attached sheet for additional oper	
IV. Operation:	
V. Other:	
□ D-Box □ Pum	D
Following are the specifications for the sewage disposal system on the	
Type of system: Conventional Other Free Subsurface No. of exact len	
	litch 90 feet ditches 3 feet ditches 24 inches
French Drain Required: Linear feet	
Authorized State Agent	Date 07/16/2021