## Harnett County Department of Public Health

PERMIT # 5502104-0010

Operation Permit

|   | The second secon | Nitrification Line L Repair L Expansion                           |
|---|--|---|
| Names (summer)  |  | LOT #   |
| Name: (owner) SIGNATURE HOME BUSE   | DI SANCE AND CONTRACTOR SECURITION OF THE SANCE AND ADDRESS OF THE SANC | LUI #   |
| System Installer: Yellow DOG GRANN  |  |   |
| Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Public Well                          |  |   |
| System Type: 25% 1202000 533.   | Types V and V Systems  | expire in 5 years.  |
| (In accordance with Table V a)  | Owner must contact Health Department 6 mo  |   |
| (iii accordance with Table Y a)   |  |   |
| This system has been installed in compliance with applicable North Carolina General St  | acutes, Rules for sewage Treatment and Disposal, and all cor   | ditions of the Improvement Permit and Construction Authorization. |
|   | 6 4 6 /  |   |
|   |  | * GRAVITY TO B. 30X   |
| 3 5   | 2 %  |   |
| 10, 5 3   | 10'  | EGUAL O'STLIBUTION  |
| 2 1 -   | FUTURE   | * SOPT MIN WELL SETSMER   |
| 0 4 6/-   | BAR - NYY  | * INSTALLED DEED (STEN)   |
|   | SO MIN   | TO SHALLOW (1872)   |
| 16 +  | 1  | * APPLICANT NEGUESTED   |
|   | - 33.5- Ext  | EXT WELLS MECLASSIFIED  |
| SFO   | , / /  | AS IMMUNTION WELLS  |
| Gi  | —————/   | OMITTING REGOVERNENT  |
| ~29' 8  |  | FOR 25FT FOUNDATION SETSLES                                       |
| 41  | D  | SPER STATE GUIDANCE]  |
|   |  | (122 )  |
|   | 1 1/2 /  |   |
|   |  |   |
|   |  |   |
| PERMIT CONDITIONS:  | 1011 101   |   |
| <ol> <li>Performance: System shall perform in accordance with Rule</li> <li>Monitoring: As required by Rule .1961.</li> </ol> | 1.1901.  |   |
| III. Maintenance: As required by Rule .1961. Other:   | \ \ \ \ \  |   |
| Subsurface system operator required? Yes  | No 🗆   |   |
|   | ration conditions, maintenance and reporting.  |   |
| IV. Operation:  |  |   |
| Lescon CIN  | · (521521)   |   |
| V. Other:   |  |   |
| □ D-Box □ Pum   |  | H20Line 🗆 PWR Line  |
| Following are the specifications for the sewage disposal system on the above captioned property.                              |  |   |
| Type of system:  Conventional Other   |  | gallons Pump Tank: gallons  |
| Subsurface No. of exact let Drainage Field ditches 3 of each  | ngth width of ditch (CO) feet ditches_   |   |
| Drainage Field ditches of each French Drain Required: Linear feet   | unter reet diteres   | leet uitales x   From males                                       |
|   |  |   |
| Authorized State Agent Date 08/16/2021  |  |   |
| Authorized State Agent Date OB/16/2021  |  |   |