## Harnett County Department of Public Health

PERMIT # STATE 2104-0017 Operation Permit	13
🔀 New Installation 🔎 Septic Tank 🔀 Nitrification Line 🗌 Repair 🗀 Expansi	on
PROPERTY LOCATION: 354 WINDY FORM DA. CLHUSTIAN	
Name: (owner) KB HOMES CARRES SUBDIVISION HIGHLAND CROWE LOT # 10	_
System Installer: THORNTONS PLUMBING	
Basement with plumbing:  Garage Number of Bedrooms 3	
Type of Water Supply:  Community Public Well Distance from well  Feet	
System Type: 2570 2570 5535 TIL 3 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.	
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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.	
201 DAAINAGIZ 25 SEET  250 TED.  250	10.2
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule 1961. William Dr.	
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:	
	R Line
Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:  Conventional Other EZ COO THE gallons Pump Tank: 1000 gallo	ons
Subsurface No. of exact length width of depth of	<i>J</i> 113
Drainage Field ditches 4 of each ditch 70 feet ditches 3 feet ditches 24 inches	
French Drain Required: Linear feet	
Atalia o	
Authorized State Agent Date 11 23/2021	