Harnett County Department of Public Health

PERMIT # SFD 2105-0030 **Operation Permit** PROPERTY LOCATION: 76 king wood CT (SR 1116)

SUBDIVISION Oakmon T LOT # 326 Name: (owner) System Installer: Garage Number of Bedrooms Basement with plumbing: Type of Water Supply:

Community

Public

Well Distance from well Types V and VI Systems expire in 5 years. System Type: __ (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. VIVEDONACE PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. I. As required by Rule .1961. II. Monitoring: III. As required by Rule .1961. Other: Maintenance: Subsurface system operator required? Yes
No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: H20Line _____ Alarm □ _____ **PWR Line** D-Box □ Pump Following are the specifications for the sewage disposal system on the above captioned property. Other 25% reduction Septic Tank: __ gallons Pump Tank: gallons Type of system:

Conventional width of depth of exact length Subsurface No. of exact length 300 feet Drainage Field ditches

French Drain Required:

Authorized State Agent

Linear feet

REHS