Harnett County Department of Public Health

PERMIT # _ SED 2105 - 008272	Operation Permit
È	New Installation 🔀 Septic Tank 🖎 Nitrification Line 🗆 Repair 🗆 Expansion
	PROPERTY LOCATION: 395 WINDY FORM ON CHRISTIAN CO
Name: (owner) KB HONES CANOUNA	S SUBDIVISION HIGHLAND GROVE LOT # 32
System Installer: THORNTONS PLUMBIA	
Basement with plumbing: Garage Number of Bedrooms 3	
	istance from well feet
System Type: 25% NEDUCTON STO.	
(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 Cafolina General Statutes	, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	DIW 134'
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule . 19	61.
II. Monitoring: As required by Rule 1961.	FORM DA.
III. Maintenance: As feq uired by Rule .1961. Other:	
Subsurface system operator required? Yes \(\subseteq \) No	
If yes, see attached sheet for additional operation IV. Operation:	conditions, maintenance and reporting.
ii. Operation.	
V. Other:	
	□Alarm □PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Royal Septic Tank: Septic Tank: gallons Pump Tank: gallons Pump Tank: gallons	
Type of system: ☐ Conventional ☐ Other ☐ EZ ☐ Conventional ☐ Conv	width of death of
Drainage Field ditches of each ditch	G()
French Drain Required: Linear feet	IIIII
Authorized State Agent	Date
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