## Harnett County Department of Public Health

PERMIT # 5 PD 210 6 - 00 29    Operation Permit     New Installation   Septic Tank   Nitrification Line   Repair   Expan	nsion
PROPERTY LOCATION: SCITES OID STREET RD	131011
Name: (owner) Janis come Fiston Homes INC SUBDIVISION Thomason Cide k LOT # 16	,
System Installer: Randy Anderson	
Basement with plumbing:  Garage M Number of Bedrooms 3	
Type of Water Supply:  Community Public Well Distance from well feet	
System Type: 25 20 128 1302 200 34562 Type II 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.	
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Freatment and Disposal and all conditions of the Improvement Permit and Construction Authorization.	
10+ Jzs' XTree  15 201+  15 20	
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961.  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:	
□D-Box □Pump □Alarm □H20Line □P	WR Lin
Following are the specifications for the sewage disposal system on the above captioned property.	
//	gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 3 feet ditches 20 inch	es
French Drain Required: Linear feet	
Authorized State Agent Date 1-18-23	_