## Harnett County Department of Public Health

PERMIT # SFD 2106-00 73

Operation Permit

|   | New Installation   | Repair 🗆 E                                | xpansion |
|---|--|---|----------|
| 1   | PROPERTY LOCATION: 354 Bunting Dr (SR SUBDIVISION Cale MONT  | 1116)                                     |          |
|   |  | LOT # _/                                  | 25       |
| System Installer:   | GAME   |   |          |
|   | : Garage 🔽 Number of Bedrooms <u>U</u> Community 🗹 Public 🗆 Well Distance from well feet   |   |          |
| Type of Water Supply:<br>System Type:   | A STATE OF THE STA |   |          |
| (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. |  |   |          |
|   | 15   | 1   |          |
|   | 10 100 posit Arm 29 29 101' 24'  | NOT                                       | ,,,      |
|   | Tull profit Arms 29  | Scal                                      | 2        |
|   | (0 100 Hoir Ar 29 29 101 24)   |   |          |
|   | 1000   |   |          |
|   | 1 / / / /  | COVER                                     | ,        |
|   |  | broug                                     | hT       |
|   |  | In F                                      | or       |
|   | 95   | Cover<br>broug<br>in Fi<br>Entir<br>Drain | 4        |
|   |  | 2 -                                       | 0.10     |
|   | $\cdot$ $ otin \mathcal{Q}$  | Drain                                     | +1210    |
|   | 14   |   | 4        |
|   |  |   |          |
|   | 50'+37'  |   |          |
|   | 1B'  |   |          |
|   |  |   |          |
| ١   |  |   |          |
|   | Bunting E37'   |   |          |
| '   | BUATING K37  |   |          |
|   |  |   |          |
| 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 \(\sigma\) No \(\sigma\) If yes, see attached sheet for additional operation conditions, maintenance and reporting.   |   |          |
| IV. Operation:  | il yes, see attached sheet for additional operation conditions, maintenance and reporting.   |   |          |
|   |  |   |          |
| V. Other:   |  |   |          |
| *   | D-Box  |   | PWR Line |
| Following are the specifications for the sewage disposal system on the above captioned property.  |  |   |          |
| Type of system:   | Conventional Other Low Profile Chambers Septic Tank: 1000 gallons Pump Ta  |   | gallons  |
| Subsurface  | No. of ditches Z exact length of depth of ditches Z feet ditches 3 feet ditches  |   | inches   |
| Drainage Field<br>French Drain Required:  | ditches of each ditch feet ditches feet ditches feet ditches   |   | mules    |
|   |  |   |          |
| Authorized State Agent  |  |   |          |
| Mathorized State Ag   |  |   |          |