Harnett County Department of Public Health

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PERMIT # SFD 2110-6096	Operation Permit 152 Watter Gu	
	New Installation Septic Tank Nitrification Line Repair Exp	pansion
	PROPERTY LOCATION: 3/1436Motthews RD	
Name: (owner) True Home	PROPERTY LOCATION: 3/2 1436/Mothers RD SUBDIVISION Wolker Conore LOT # 12	7
System Installer: Brankley # Basement with plumbing: Garage W	who is the same of	
Basement with plumbing: Garage No.	ublic Well Distance from well	
Type of Water Supply: Community Property Community	System Type €TCs Types V and VI Systems expire in 5 years.	
(In accordance with Table V a)	Gyner must contact Health Department 6 months prior to expiration for permit renewal.	
(iii accordance with Table V a)	25% EZIAY O	
This system has been installed in compliance with applicable N	forth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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PERMIT CONDITIONS:		
	ccordance with Rule .1961.	
II. Monitoring: As required by Rule .1961		
III. Maintenance: As required by Rule .1961		
	r required? Yes 🗆 No 🗆	
If yes, see attached sheet	for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
□ D-Box □	Pump	PWR Line
Following are the specifications for the sewage dis		gallons
Type of system: Conventional Othe Subsurface No. of	er <u>75% 1890 cocc</u> Septic Tank: <u>1000</u> gallons Pump Tank: exact length width of depth of	_ gallolis
Drainage Field ditches 4	, , ,	ches
French Drain Required:	Linear feet	
111111111111111111111111111111111111111	S Manhant TERS Date 5-6-22	
Authorized State Agent	Date 5 -6 -22	_