Harnett County Department of Public Health

| PERMIT # SED 2110-0101 | Operation Permit |
|--|---|
| | New Installation |
| | PROPERTY LOCATION: 21 NOTAL ELLA CT. CCHRISTIAN CT 10.) |
| Name: (owner) DAVIDSON HONES LL | SUBDIVISION CRIPCTE PLACE LOT # 9 |
| System Installer: FOLC CINCLE ENVIRONMENT | |
| Basement with plumbing: ☐ Garage ☑ Number of Bedrooms | |
| Type of Water Supply: ☐ Community 🗡 Public ☐ Well | |
| System Type: 25% NEDXTION STORE | |
| (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 St | atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. |
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| f! | * INSTALL 62/02/2023 |
| 7.1 | -30' SFD |
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| | 0/-> / |
| | 138' |
| | |
| | 2524 |
| | north ELLA CT. |
| | |
| 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 | |
| If yes, see attached sheet for additional open | ation conditions, maintenance and reporting. |
| IV. Operation: | |
| V. Other: | |
| □ D-Box □ Pum | p |
| Following are the specifications for the sewage disposal system on the | |
| | Septic Tank: 1000 gallons Pump Tank: 1250 gallons |
| Subsurface No. of exact len | |
| | ditch 85 feet ditches 3 feet ditches 24 inches |
| French Drain Required: Linear feet | |
| -/m// | Pate 04/12/2022 |
| Authorized State Agent | Date |