Harnett County Department of Public Health

PERMIT # SFD 2111-0022

Operation Permit

PERMIT # J F D D T T	Opera	ation remit		
	New Insta	llation 🖎 Septic Tank 🔀 N	Nitrification Line . Repair	☐ Expansion
	PROPERT	Y LOCATION: 1232 Micro	Tower Rd (SRII	41)
Name: (owner) Southern Touch Ho	CHIRDI	VISION	INT	# 3A
Name. (owner) 700000 77	30001	41310N		
System Installer: Clint Adams	101 2			
Basement with plumbing: Garage X Number		II		
Type of Water Supply: Community Public	☐ Well Distance from we	ell feet	Lucare	
System Type: Type TTT-9	Owner must can	Types V and VI Systems expire in ! tact Health Department 6 months prior		
(In accordance with Table V a)	Owner must com	tact health bepartment o months prior	to expiration for permit renewal.	
This system has been installed in compliance with applicable North Ca	rolina General Statutes. Rules for Sewage	Treatment and Disposal, and all conditions of th	e Improvement Permit and Construction Author	rization.
		Wooded /		
	TUTU (S	34	LOT 3B	
	50			
56.	79'	/ /		
	J24'	3'		
-30' 37 37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 7-36'	LESP		
1	- 205 Pd - 3			
PERMIT CONDITIONS: I. Performance: System shall perform in accorda	nce with Rule .1961.	,		
Performance: System shall perform in accorda Monitoring: As required by Rule .1961.	nce with rate .1701.			
III. Maintenance: As required by Rule .1961. Oth	er:			_
Subsurface system operator requ				
	dditional operation conditions, m	aintenance and reporting.		
IV. Operation:				
				_
V. Other:				_
D-Box □	Pump	Alarm 🗆	H20Line	PWR Line
Following are the specifications for the sewage disposal	system on the above captioned	property. ©2 Flow Septic Tank: 100	C sallana Deser Trade	
,, ,			gallons Pump Tank:	gallons
Subsurface No. of	exact length of each ditch	feet ditches 3	depth of 2.3	inches
Drainage Field ditches Line French Drain Required: Line	ar feet	reet uttiles	icet dittiles	maics
Trench Drain nequired.	//			
Authorized State Agent Male	IL REHS	Date	5-24-12	