## Harnett County Department of Public Health

PERMIT # 5FD 2111-0059	Operation Permit
	New Installation Septic Tank Nitrification Line Repair Expansion
	PROPERTY LOCATION: 19 CANHAGED DR. (DC 42)
Name: (owner) COMBERLAND HOMES IN	
System Installer: CHALLES BARBOUR	
Basement with plumbing: Garage Mumber of Bedrooms	3
Type of Water Supply: ☐ Community  Public ☐ Well	Distance from well feet
System Type: 25% TEDICTION STSTEM	
(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.	
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PERMIT CONDITIONS:	CONCHECTO DA.
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 $\Box$	
If yes, see attached sheet for additional oper	ation conditions, maintenance and reporting.
IV. Operation:	
V. Other:	
□	p 🗆 Alarm 🗆 H20Line 🗆 PWR Line
Following are the specifications for the sewage disposal system on th	
Type of system:   Conventional   Other   Other	
Subsurface No. of exact len	gth width of depth of
Drainage Field ditches 2 of each	ditch 132 feet ditches 3 feet ditches 24 inches
French Drain Required: Linear feet	
Authorized State Agent	MM724 Date 06/22/2022