## Harnett County Department of Public Health

**Operation Permit** SFD 2201-0020 521412 New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: ST HAZEL SUZ LID. (CHRISTAN LT. DD.) Name: (owner) HOWELL GOILDERS INC. SUBDIVISION BROWN + TERMS HOWELL LOT # 4 System Installer: JASON MATTHEWS Basement with plumbing: 
Garage 
Number of Bedrooms 3 Type of Water Supply: 

Community Public Well Distance from well NA feet Types V and VI Systems expire in 5 years. System Type: 25/6 TOXTION STSTEM THE Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) 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. SED PERMIT CONDITIONS: System shall perform in accordance with Rule 1961. I. Performance: As required by Rule .1961. II. Monitoring: As required by Rule .1961. Other, III. Maintenance: Subsurface system operator required: Yes  $\square$  No  $\square$ If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: □ \_\_\_\_\_ Pump H20Line **PWR Line** D-Box Alarm Following are the specifications for the sewage disposal system on the above captioned property. Septic Tank: 1006 gallons Pump Tank: Type of system: 

Conventional S Other ET FLOW III. depth of Subsurface No. of exact length width of ditches 20 inches of each ditch 90 feet ditches Drainage Field ditches Linear feet French Drain Required: 04/13/2022 Date Authorized State Agent\_ morall