Harnett County Department of Public Health

PERMIT # _ 550 2202-0063	Operation Permit
	New Installation Septic Tank Notification Line Repair Expansion
	PROPERTY LOCATION: 184 BRUSE MENANCH UN CLHUSTIAN UT. TO)
Name: (owner) DAVIDSON HOMES UL	
System Installer: For Cince System Constant System Installer: □ Garage ☑ Number of Bedrooms	
Type of Water Supply: Community Public Well	Distance from well ~~ feet
System Type: 2570 2800071010 5757200 Types V and VI Systems expire in 5 years.	
(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 Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS	l'
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	No ₫
If yes, see attached sheet for additional opera	tion conditions, maintenance and reporting.
IV. Operation:	
V. Other:	
□ D-Box □ Pump	D
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other	
Subsurface No. of exact leng	
0	itch 100 feet ditches 5 feet ditches inches
French Drain Required: Linear feet	
Attalian and a second a second and a second	
Authorized State Agent Date 07/19/2022	