## Harnett County Department of Public Health

PERMIT # 570 2204-0006	Operation Permit
	New Installation Septic Tank Nitrification Line Repair Expansion
PROPERTY LOCATION: SN 1535 Mitchell PLS	
Name: (owner) Souther Touch Hom	
System Installer: Clint Adams	
Basement with plumbing: Garage Number of Bedrooms 4	
Type of Water Supply:  Community Public Well Distance from well	
System Type: 25% (28-50 CV) System Type EB 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.	
(iii accordance with rable v a)	Top Brush to 252
This system has been installed in compliance with applicable North Carolina General	ral Statutes, Rules for Sewage Freatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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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	operation conditions, maintenance and reporting.
IV. Operation:	peration conditions, maintenance and reporting.
V. Other:	
□ D-Box □ P	Pump 🗆 Alarm 🗆 H20Line 🗆 PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other 15% NAD 5,548 Septic Tank: 1000 gallons Pump Tank: 1000 gallons	
	t length width of depth of ach ditches 5 feet ditches 24 inches
Drainage Field ditches of ea French Drain Required: timear feet	ach ditch feet ditches feet ditches inches
Authorized State Agent	REUS Date 12/08/22
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