Harnett County Department of Public Health

PERMIT # SF02204-0007 Operation Permit New Installation Septic Tank Nitrification Line Repair Exp	pansion
	-
Name: (owner)	2
Basement with plumbing: Garage Number of Bedrooms 3	
Type of Water Supply: Community Public Well Distance from well feet	
System Type: 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 Statutes, Rules for Sewage Treatment 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.	
l. Performance: System shall perform in accordance with Rule .1961. Il. Monitoring: As required by Rule .1961.	
II. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes \(\subseteq \text{No.} \)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Operation:	
V. Other:	
D-Box	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	20
Type of system: Conventional Other CHANGE CONT Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 240 feet ditches 3 feet ditches 18-20 incl	has
French Drain Required: Linear feet leet leet leet leet linear feet leet	nes
Authorized State Agent RESS Date 7 13 290	
Authorized State Agent Date7 13 23	-14