Harnett County Department of Public Health

PERMIT # SFD204-0074 Operation Permit
New Installation Septic Tank Mitrification Line Repair Expansion
PROPERTY LOCATION: DEKALB CT
Name: (owner) KB Homes ROLEIGY SUBDIVISION BIRCHNOOD GROVE LOT # 75
System Installer: Brandler Sons
Type of Water Supply: Community Public Well Distance from well feet System Type: Types V and VI Systems expire in 5 years.
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.
(III accordance with table 1 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.
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PERMIT CONDITIONS:
 Performance: System shall perform in accordance with Rule .1961. Monitoring: As required by Rule .1961.
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:
Subsurface system operator required? Yes \(\square\) No \(\square\)
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
D-BoxPumpAlarmH20LinePWR Line
Following are the specifications for the sewage disposal system on the above captioned property.
Type of system: Conventional Other EZ FLOW Septic Tank: 1600 gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 30 feet ditches 3 feet ditches 12 inches
French Drain Required: Linear feet
Authorized State Agent Date 916 22