## Harnett County Department of Public Health

PERMIT # SFD 2206-0109

Operation Permit

Names (aumos)		PROPERTY LOCAT		ompton Rd (SR 12	29)
Name: (owner) Thomas		SUBDIVISION _		LOT #	
System Installer: Yellow	J Dog	11.			
Basement with plumbing: G	arage Number of Bedrooms 3	(Opeople)			
Type of Water Supply:   Commun  System Type:		Distance from well	V and VI Systems avaira in F a		
(In accordance with Table V a)	TYPE III B		V and VI Systems expire in 5 y Department 6 months prior to		
(iii accordance with rapie r a)		Dwiler must contact nearth	Department o months prior to	expiration for permit renewal.	
This system has been installed in compliance	with applicable North Carolina General Statute	es, Rules for Sewage Treatment ar	d Disposal, and all conditions of the Ir	nprovement Permit and Construction Authoriz	ation.
PERMIT CONDITIONS:	120 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	65'x 50' 3Br Home  1 500' Fro			
	perform in accordance with Rule .19	961.			
	by Rule .1961. by Rule .1961. Other:				
The second secon	ystem operator required? Yes \( \simeq \text{No} \)	×			
	ttached sheet for additional operation		and reporting.		
IV. Operation:					
V. Other:					
<b>№</b> D-Box	□Pump		Alarm $\square$	H20Line $\Box$	PWR Line
	The state of the s				I WIN LINE
Following are the specifications for t Type of system:   Conventional	25% reducti	rion I Q4	Septic Tank:OOO	gallons Pump Tank:	gallons
Subsurface No. of	exact length		width of	depth of	6 <sup>unon3</sup>
Drainage Field ditches	2 of each ditch		ditches3	feet ditches	inches
French Drain Required:	Linear feet				
Authorized State Agent	Mar	h de ren	Date	3-7-25	