Harnett County Department of Public Health

PERMIT # SFD	Operation Permit	
	New Installation 🖂 Septic Tank 💢 Nitrification Line 🗆 Repai	r 🗆 Expansion
	PROPERTY LOCATION: 115 KINGSWOOD CT	
Name: (owner)		1 # 320
System Installer:	_	
Basement with plumbin		
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.		
	REPAIR AREA HOUSE C	
PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule .1961.	
I. Performance: II. Monitoring:	As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
	Subsurface system operator required? Yes No	
	lf yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		_
V. Other:		
	D-Box	PWR Line
	ifications for the sewage disposal system on the above captioned property.	
	Conventional Other CHAMBER (QH*) Septic Tank: 1250 gallons Pump Tank:	gallons
Subsurface	No. of exact length width of depth of	26
Drainage Field French Drain Required:		inches
Trench Diam Required.	Linear rect	
Authorized State Ag	gent Date 2/23	