Harnett County Department of Public Health

PERMIT # SFO	2208-0041 Operation Permit	
	New Installation Septic Tank Mitrification Line Repair 🗆 E	xpansion
	PROPERTY LOCATION: 52 1437 BALLACE KD	
Name: (owner)	Currherland Hones Fax SUBDIVISION Bolland woods LOT # 10	5
System Installer: Tomas Austra		
Basement with plumbing	g: Garage Mumber of Bedrooms 5	
Type of Water Supply:	☐ Community ☐ Public ☐ Well Distance from well	
	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. EZUNY		
This system has been installed	d in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization	
	25% Ren Representation of Street Essent White the street Essent E	HOD
	Joseph Alexander Dr.	
PERMIT CONDITIONS:		
 Performance: Monitoring: 	System shall perform in accordance with Rule .1961. As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
	Subsurface system operator required? Yes □ No □	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
	D-Box □ Pump □ Alarm □ H20Line □	PWR Line
	ifications for the sewage disposal system on the above captioned property.	gallons
Type of system:	No of exact length width of depth of	ganons
Drainage Field	No. of exact length width of 3 depth of ditches	inches
French Drain Required	: Linear feet	
Authorized State A	gent Oon 5 Mark 972-17349 Date 1-13-23	
Authorized State A	8cm /	