Harnett County Department of Public Health

Operation Permit

PERMIT # JFVZZZZZ CO-C	operation remit	
	New Installation Septic Tank	Mitrification Line Repair Expansion
	PROPERTY LOCATION: 1047	
Name: (owner) Southern Touch Homes	SUBDIVISION	
	300011131014	LUI #
System Installer: 5+5		
Basement with plumbing: Garage Mumber of Bedrooms		
	Distance from well feet	
System Type: Type 18th 9	Types V and VI Systems ex	
(In accordance with Table V a)	Owner must contact Health Department 6 mont	ths prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Statu		
322.86	./	Togethe properly Installed on 6-19-23. - Needs Diol Flows in Dook to guarantes Equal Distribution - Installer will call when he has them In place
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule . II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes 🗆 N) X t	
If yes, see attached sheet for additional operati		
IV. Operation:	, 3	
V. Other:		
▼ D-Box □Pump	□Alarm □	H20Line 🗆 PWR Line
		IIZOLING
Following are the specifications for the sewage disposal system on the a	bove captioned property.	
	Eduction TQY Septic Tank:	7 ,
Subsurface No. of exact length	width of	depth of
Drainage Field ditches 3 of each ditc	th 18 feet ditches	1eet ditches 19 inches
French Drain Required: Linear feet		Installed Diel Flows
1111		ZASIZII Z
Authorized State Agent /al Ch	- REH	Date 6-19-23 6-20-23