## Harnett County Department of Public Health

PERMIT # SFD 2717-0040 Operation Permit	
✓ New Installation ✓ Septic Tank ✓ Nitrification Line ☐ Repair ☐ Expansion	on
PROPERTY LOCATION & Hum 82	_
Name: (owner) DREAM TINDESS Homes LC SUBDIVISION SCHAPSENT Cross SZIZ LOT # 30	_
System Installer: Garnes Septic	
Basement with plumbing: Garage Wumber of Bedrooms	
Type of Water Supply: Community Public Well Distance from well feet  System Type:	
(In accordance with Table V a) / Owner must contact Health Department 6 months prior to expiration for permit renewal.	
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This system has been installed in compliance with applicable North Caronia General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	_
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Mary Robertson	
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V Od.	
V. Other:	
□D-Box □Pump □Alarm □H20Line □PWR	Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other 1500 Tools OCT OF Septic Tank: 1200 gallons Pump Tank: 1200 gallon Subsurface No. of exact length width of depth of	ns
Drainage Field ditches of each ditch 480 feet ditches feet ditches inches	
French Drain Required: Linear feet	
Authorized State Agent Same 5 Marks 1 Date 5-9-23	
Authorized State Agent Date 5-9-23	2