Harnett County Department of Public Health

PERMIT # SFD 2301-0060		Operation Permit			
		New Installati	ion 🗷 Septic Tank 🖎	Nitrification Line Re	pair Expansion
		PROPERTY L	LOCATION: 92 Double Be	well CT (SR 10	253
Name: (owner)	Smith Douglas Hor	subdivisi	ON Duncans		LOT # 82
System Installer:	A+R		55.M31	,	
Basement with plumbin					
Type of Water Supply:		☐ Well Distance from well _	feet	<u> </u>	
System Type:			Types V and VI Systems expire in	The state of the s	wol
(In accordance with Tal	ible v a)	OWNER Must contact	Health Department 6 months prior	to expiration for permit rene-	wai.
This system has been installe	ed in compliance with applicable North Carol			he Improvement Permit and Construction	on Authorization.
PERMIT CONDITIONS:	13'	E borrel ST			
I. Performance:	System shall perform in accordance				
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other:				
III. I I I I I I I I I I I I I I I I I	Subsurface system operator require	ed? Yes 🗆 No 🗷			
	If yes, see attached sheet for add	itional operation conditions, mainte	nance and reporting.		
IV. Operation:					
V. Other:					
	D-Box 🗆	Pump	Alarm 🗆	H20Line 🗆	PWR Line
	ifications for the sewage disposal sy	stem on the above captioned propo			
Type of system: Subsurface		To reduction	width of	gallons Pump Tank:	gallons
Drainage Field	No. of ditches	exact length of each ditch 348	width of ditches 3	depth offeet ditches	l 8 inches
French Drain Required:					
Authorized State Ag	gent	Mhhaer	t Date	3:31-23	