Harnett County Department of Public Health

Operation Parmit	
PERMIT # STO2303-0070 Operation Permit	
New Installation Septic Tank Nitrification Line Repair Expansi	ion
Name: (owner) A = G RESIDENTIAL SUBDIVISION LIBERTY MEADOWS LOT # 54	+
System Installer: YELLOW DOC	7
Basement with plumbing: Garage Number of Bedrooms	
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.	\vdash
113	
DEPA12	
DOG N	
304	
250	
330	
5.1	
12	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
SOLOMON DR	
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:	
Subsurface system operator required? Yes \(\sigma \) No \(\sigma \)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □ PW	R Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other CHAMBER CAN Septic Tank: Septic Tank: gallons Pump Tank: gallons Pump Tank:	ons
Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 300 feet ditches 3 feet ditches 18-22 inches	
French Drain Required: Linear feet	
Authorized State Agent Date 8 8 83	