Harnett County Department of Public Health

PERMIT # SF152503-0084 Operation Permit	
New Installation Septic Tank Nitrification Line Repair	☐ Expansion
Name: (owner Installer) Name: (owner Installer)	95-
Basement with plumbing: Garage Mumber of Bedrooms	
Type of Water Supply: Community Public Well Distance from well feet System Type: Type: V and VI Systems again in F years	
System Type: Types V and VI Systems expire in 5 years. (In accordance with Table V a) EZFION 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 Authori	ration
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61' Ama	
178 3 BM	
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61 5.	
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15'17	
PERMIT CONDITIONS: HAZEI WOOD	
PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	8
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
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 25% 1787 VIII Septic Tank: 1000 gallons Pump Tank: 1000	gallons
Subsurface No. of exact length width of depth of	
Drainage Field ditches of each ditch feet ditches feet ditches Linear feet	inches
S M 1 to BARS	
Authorized State Agent Date 11-24	