Harnett County Department of Public Health No. 265	17
PERMIT # SFD 2306 - 29 Operation Permit	
New Installation 🔀 Septic Tank 🗖 Nitrification Line 🗆 Repair 🗆 Expansion	n
PROPERTY LOCATION: 1850 Shady Grave Ad (SR 2050))
Name: (owner) Signature Home Evilded SUBDIVISION LOT #	
System Installer: C7. 1ben Registration #	
Basement with plumbing: Garage Number of Bedrooms (Speople) Type of Water Supply: Community Dublic Well Distance from well feet	
System Type: Type TIF 9 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.	
4.0	
wooded	
(FUTULE repair Arra)	
full	
9 (animal)	
54'x64' 0 Dovelon	
450' 4Br (0")	
1	
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	1 140' 60' Currain	
PERMIT CONDITIONS		
I. Performance:	head Chor He	
II. Monitoring:	As required by Rule .1961.	
III. Maintenance:		
	Subsurface system operator required? Yes No	•
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	O V DE CERT TRANSPORTER METAL ETTE SERVICES (CONTRACTOR DESCRIPTION DESCRIPTION DE L'EXPENSAGE D	
V. Other:		-
o	D-Box 🗆 Pump 🗆 Alarm 🗆 H20Line 🗆	PWR Line
Following are the s	pecifications for the sewage disposal system on the above captioned property.	
Type of system:	Conventional X Other 25% reduction E2Flow Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface	No. of exact length width of depth of	
Drainage Field	ditches / of each ditch 240 feet ditches 3 feet ditches 24	inches
French Drain Requir	ed: Linear feet	
Authorized State	Agent Date	