Harnett County Department of Public Health

PERMIT # <u>5FD 230</u> 7-0070	Operation Permit	
	✓ New Installation ✓ Septic Tank ✓ Nitrification Line ☐ Repart	iir 🗌 Expansion
	PROPERTY LOCATION: 521412 Chistian legst RD	
Name: (owner) Davidson Hoones	SUBDIVISION Prince Place LO)T # <u>44</u>
System Installer: Quality Septic	16	
Basement with plumbing: Garage Mumber of Bedroom. Type of Water Supply: Community Public Well		
System Type: Pressure mour Polel to 25% REDUCTION 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.		
	*NEEDS MANEFOLD FULL *NEEDS PUMP + ALAM	y INSTANCOPPRESE
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88' D 38'		
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PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with Rule	e .1961.	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:	No 🗆	
If yes, see attached sheet for additional oper		
IV. Operation:		
V. Other:		
SUD SUBSURFACEURS		DIMD I
D-Box DPum		PWR Line
Following are the specifications for the sewage disposal system on the Type of system: Conventional Other Inesserve	ne above captioned property. Amelical to 1522 Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface No. of exact ler	ngth width of depth of	in the second
Drainage Field ditches 4 of each	ditch <u>95</u> feet ditches <u>3</u> feet ditches <u>16</u>	inches
French Drain Required: Linear feet		
Authorized State Agent Markan Date 12-5-23		
Authorized State Agent Mes MA	Date 12-5-23	