Harnett County Department of Public Health

PERMIT # SFD 2307-0030 Operation Permit New Installation Septic Tank M Nitrification Line Repair Expansion PROPERTY LOCATION: 1275 Peach Form Ad (SR 1251) Name: (owner) System Installer: Garage Number of Bedrooms 3 (600011) Basement with plumbing: Type of Water Supply:

Community

Public

Well Distance from well 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. PERMIT CONDITIONS: 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
No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. 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% reduction E2Fbw Septic Tank: 1000 ___ gallons Pump Tank: Subsurface No. of of each ditch Z30 ditches 24-19 Drainage Field ditches inches

French Drain Required:

Authorized State Agent

Linear feet