Harnett County Department of Public Health

PERMIT # SFD 2307-77

Operation Permit

Name: (owner) DR Horror SubDIVISION Septic Tank Nitrification Line Repair Expansion Repair SubDIVISION System Installer: SubDIVISION Methods Basement with plumbing: Garage Number of Bedrooms 4 (Speople) Type of Water Supply: Community Public Well Distance from well feet System Type: Type TIT B 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.	nsion
This system has been installed in compliance with applicable North Carolina General Statutes, Rober Lewings Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. Installed properly 86' 98' 98' 98' 98' 98' 98' 98'	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Other:	WD I:
Following are the specifications for the sewage disposal system on the above captioned property.	WR Line
Authorized State Agent Mal dreits Date 11-17-23	