Harnett County Department of Public Health

PERMIT # SFD 2308-05	Operation Permit	
	🗷 New Installation 🗷 Septic Tank 🛣 Nitrification Line 🗆 Repair 🗆 Exp	ansion
	PROPERTY LOCATION: 167 Decoy Spread (IR 125	3)
Name: (owner) Smith Dougle	PROPERTY LOCATION: 167 Decay Spread (SR 125.	24
System Installer: A+R	,	
Basement with plumbing: Garage M Number	of Bedrooms 4 (8 people) Well Distance from well feet	
System Type: Type III		
(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 Ca	plina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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38'×40'	Arso	
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PERMIT CONDITIONS:	Decol	-
Performance: System shall perform in accordant	,	
II. Monitoring: As required by Rule .1961.	de with nuite 17701.	
III. Maintenance: As required by Rule .1961. Othe		
Subsurface system operator requi		
If yes, see attached sheet for ad	ditional operation conditions, maintenance and reporting.	
IV. Operation:		
V Osba		
V. Other:		
∑ D-Box □	Pump 🗗 Alarm 🗆 H20Line 🗆	PWR Lin
Following are the specifications for the sewage disposal		
		gallons
Subsurface No. of	exact length width of depth of	
Drainage Field ditches	of each ditch 130 feet ditches 3 feet ditches 22 incl	hes
French Drain Required: Linea	A Company of the Comp	-
	V	