Harnett County Department of Public Health

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PERMIT # SFD	2308-0001 Operation Permit	
	New Installation Septic Tank Nitrification Line Repair Expansi	ion
	PROPERTY LOCATION: 165 PUTNAM	OII
Name: (owner)	KB HOME SUBDIVISION BIRCHMOOD GRAVE LOT # 171	
System Installer:		
Basement with plumbin		
	Community Public Well Distance from well feet	
System Type: (In accordance with Ta	Types V and VI Systems expire in 5 years.	
(III accordance with Ta	able V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installe	led in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
	DOD HOUSE BY THOUSE PUTNAN	
PERMIT CONDITIONS:		
I. Performance:II. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.	
III. Maintenance:	As required by Rule .1961. Other:	
	Subsurface system operator required? Yes D No	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
iv. Operation.		
V. Other:		
	D-Box □ Pump □ Alarm □ H20Line □ PWR	Line
	ifications for the sewage disposal system on the above captioned property.	
Type of system:	Conventional Other CHAMBER CO Septic Tank: 1000 gallons Pump Tank: gallow width of depth of	ens
Drainage Field	ditches of each ditch _355 feet ditches 3 feet ditches 18 inches	
French Drain Requireds	The state of the s	
Authorized State Ag	gent Date 3/27/21	