Harnett County Department of Public Health

PERMIT # <u>SFD 230</u> 9-0001	Operation Permit
	New Installation
	PROPERTY LOCATION: 212 This The CT (SR 1229)
Name: (owner) Weaver Homes	SUBDIVISION WEST Preserve LOT # 21
System Installer: Yellow Dog	
Basement with plumbing: Garage 🗷 Number of Bedrooms	
Type of Water Supply: Community Public Well	Distance from well feet
System Type: Type III 9 (In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
(iii accordance with Table Y a)	owner must contact nearth bepartment o months prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General St	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
PERMIT CONDITIONS:	\$9' \$20' \$39' \$39'
I. Performance: System shall perform in accordance with Rule	
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes	No M
If yes, see attached sheet for additional opera	
IV. Operation:	
V. Other:	
□ D-Box □ Pump	D
Following are the specifications for the sewage disposal system on the	
Type of system: Conventional Other 25% redu	
Subsurface No. of exact length of each ditches of each d	width of depth of ditches 3 feet ditches 22 inches
French Drain Required: Linear feet	incirco di cet dicirco di incirco
Authorized State Agent	Date 12-12-23