

Harnett County Department of Public Health

PERMIT # SFD 2309-0014

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 270 Castle pond way - Freeway vacine

SUBDIVISION Prince place LOT # 49

Name: (owner) Davidson Homes

System Installer: Quality Septic

Basement with plumbing: Garage Number of Bedrooms 5

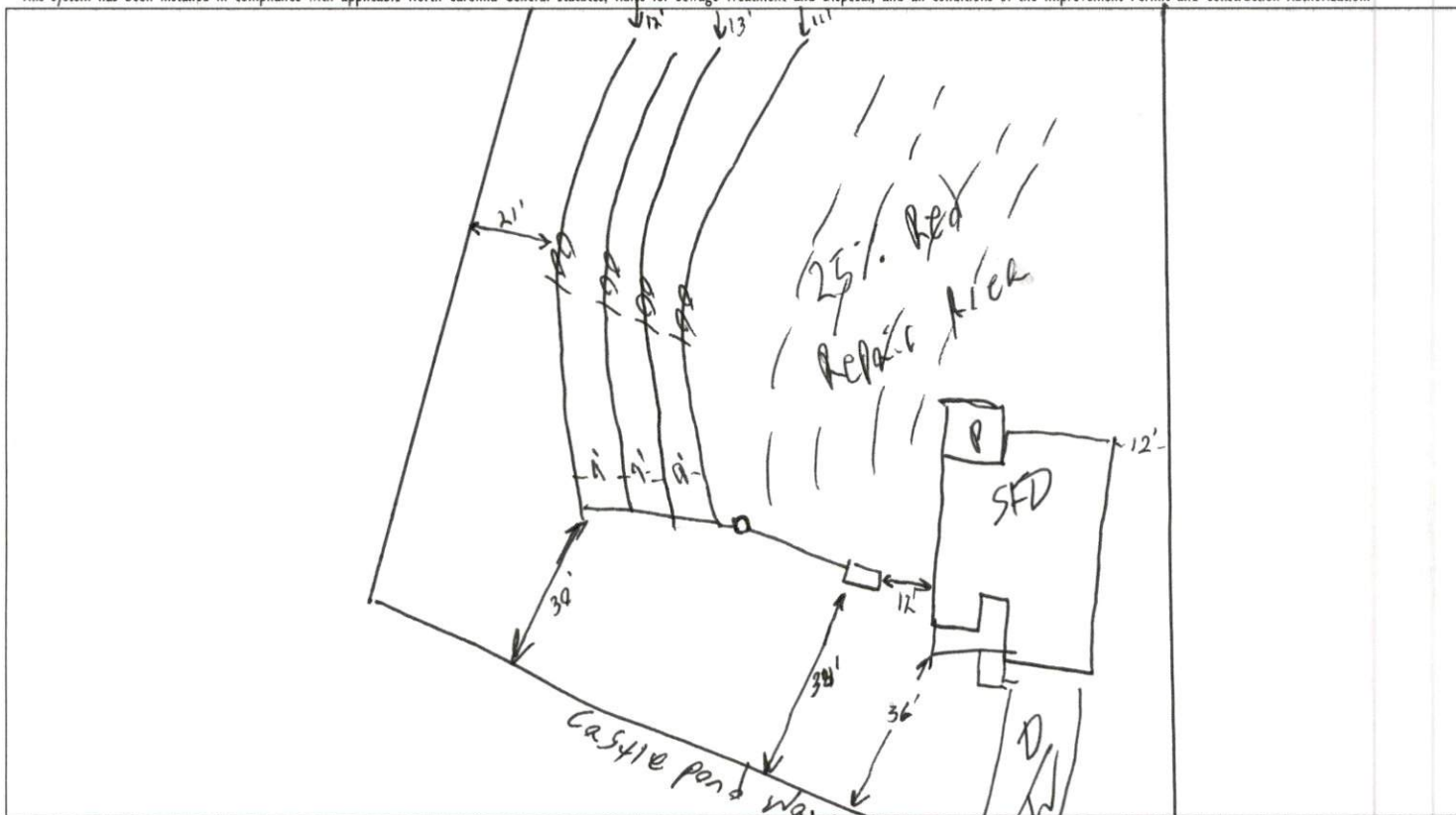
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% Reduction System EZ Flow 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:

I. 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: _____

V. Other: _____

_____ D-Box _____ Pump _____ Alarm _____ H2O Line _____ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other 25% Red System EZ Flow Septic Tank: 1,000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 feet width of ditches 3 feet depth of ditches 20" inches

French Drain Required: _____ Linear feet

Authorized State Agent

James E. Marshall *JEM RBHS*

Date

1-30-24