## Harnett County Department of Public Health

PERMIT # SFD2309-0057 **Operation Permit** Mew Installation Septic Tank M Nitrification Line Repair Expansion PROPERTY LOCATION: 109 Hillwood Dr (SR 1141) SUBDIVISION WEST POINTS Name: (owner) Weaver Har System Installer: Garage Number of Bedrooms 4 (8 people) Basement with plumbing: Public Public Type of Water Supply: 

Community ☐ Well Distance from well System Type: 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: System shall perform in accordance with Rule . 1961. ١. Performance: Monitoring: II. As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \( \square\) No \( \square\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: H20Line D-Box **PWR Line** Pump Following are the specifications for the sewage disposal system on the above captioned property.

French Drain Required:	Linear feet	
Authorized State Agent	Mak arets	Date 5-13-24

Septic Tank: 1000

\_\_ gallons Pump Tank: 1000

ditches

inches

1 Other 25% reduction I Qu

exact length

of each ditch

Type of system: 

Conventional

ditches

Subsurface

Drainage Field