## Harnett County Department of Public Health

PERMIT # SFD 2	310-0048	Operation Per	<u>emit</u>		
		New Installation		fication Line  Repair	☐ Expansion
. /			SN1415 Rowls CI		
Name: (owner)	lenten Mantinez	SUBDIVISION			# 2
	Brantley + 50mg				
Basement with plumbing:		3			
Type of Water Supply: [		Distance from well	feet		
System Type: 259	5 REDUCTION Systim	- EZ Plow Types V and	d VI Systems expire in 5 year	ars.	
(In accordance with Table	e V a)	Owner must contact flealth Depa	artment 6 months prior to e	expiration for permit renewal.	
This system has been installed	in compliance with applicable North Carolina General sta	F18	osal and all conditions of the Imp	rovement Permit and Construction Aut	harization
PERMIT CONDITIONS:	. 852	The Report 1 300 Al 3			
	ystem shall perform in accordance with Rule s s required by Rule .1961.	1961.			
	s required by Rule .1961. Other:				
	ubsurface system operator required? Yes \(\sigma\)	lo 🗆			-
If	yes, see attached sheet for additional operate		eporting.		
IV. Operation:					_
V. Other:					_
	D-Box	□ Alarm	n 🗆	H20Line 🗆	PWR Line
	ations for the sewage disposal system on the				
Type of system:   Con				gallons Pump Tank:	gallons
	o. of exact length exact length of each displayed by the exact length of each displayed by the exact length exact length of exact length exact lengt		width of ditches 3	depth of feet ditches 20'	,
Drainage Field d French Drain Required:		ch 150 feet	ditches 3	feet ditchesZO	inches
Tenen Stant Required.					
Authorized State Agen	t James & March	on fine it?	Date	6-13-24	1