## Harnett County Department of Public Health

PERMIT # SFD 2311-0039 Operation Permit	
New Installation Septic Tank Nitrification Line Repair Expansion	on
PROPERTY LOCATION: ON 1576 She ADJUDING RATING	ells i
Name: (owner) NEW Home INC SUBDIVISION Heaving At Needles ack LOT # 19	
Sustam Installar: Describe Mr. O	_
System Installer:   Basement with plumbing:   Garage Mumber of Bedrooms 4	
Type of Water Supply:   Community Public Well Distance from well feet	
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 swage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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PERMIT CONDITIONS:	
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 \( \subseteq \text{No } \subseteq \)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.  IV. Operation:	
ii. Operation.	
Y. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □ PWR	Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other 25% 136 VCTCO Septic Tank: 1000 gallons Pump Tank: 1000 gallon	ns
Subsurface No. of exact length width of depth of	
Drainage Field ditches of each ditch 400 feet ditches 3 feet ditches 20 inches	
French Drain Required: Linear feet	
Authorized Sand Sand Supplement S	
Authorized State Agent Ames Manhon Date 5-2-24	
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