Harnett County Department of Public Health

PERMIT # <u>SFD2311-4556</u>	Operation Permit
	New Installation Septic Tank Mitrification Line Repair Expansio
Name (sound) C 1 De al all	PROPERTY LOCATION: 115 (1em Dr (SR 1279)
Name: (owner) Smith Douglas Homes	SUBDIVISION Harring Ton Place LOT # 31
System Installer: A+R	1/8-1
	rooms 4(8 people) Well Distance from well feet
Type of Water Supply: ☐ Community ➤ Public ☐ System Type: ☐ ☐	Well Distance from well feet G 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.
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This system has been installed in compliance with applicable North Carolina Gen	neral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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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	
	operation conditions, maintenance and reporting.
IV. Operation:	operation conditions, manifestance and reporting.
V. Other:	
□ D-Box □	Pump
Following are the specifications for the sewage disposal system of Type of system: Conventional Other 25%	on the above captioned property. CLOUCTION I Qy Septic Tank: 1000 gallons Pump Tank: gallon
Subsurface No. of exact	ct langth width of don't of
Drainage Field ditches of e	each ditch 301 feet ditches 3 feet ditches 22 inches
French Drain Required: Linear feet	The state of the s
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Authorized State Agent Mal	-DEHS 2-26-24