Harnett County Department of Public Health

PERMIT # <u>SF0 8401 - 0123</u>	Operation Permit New Installation Septic Tank Nitrification Line	☐ Repair ☐ Expansion
Name: (owner) Triple A Homes System Installer: J. Adam K	PROPERTY LOCATION: 333 HOOK Dr. Fugury SUBDIVISION COHON FAIRS	
Basement with plumbing: ☐ Garage ☑ Number of Bedrooms		
Type of Water Supply: ☐ Community ☑ Public ☐ Well System Type: 25% Reduction Type THG EZ-F.	Distance from well feet 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 perm	it renewal.
This system has been installed in compliance with applicable North Carolina General S	tatutes, Rules for Sewage Tre tment and Disposal, And all resultings of the improvement Permit and Co	onstruction Authorization.
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule	1041	
II. Monitoring: As required by Rule .1961.	: .1701.	
III. Maintenance: As required by Rule .1961. Other:	No 🗆	
If yes, see attached sheet for additional oper IV. Operation:	ation conditions, maintenance and reporting.	
V. Other:		
□ D-Box □ Pum	p 🗆 Alarm 🗆 H20Line 🗆	PWR Line
Following are the specifications for the sewage disposal system on the		
Type of system: Conventional Other Type The Subsurface No. of exact len	width of death	of
Drainage Field ditches of each of French Drain Required: Linear feet	ditch 75 feet ditches 3 feet ditches	
Authorized State Agent	Date 11-7-24	