## Harnett County Department of Public Health

PERMIT # SFD2402-0059

Operation Permit

•			Nitrification line $\square$ kepa $(SRIII6)$	an La Expansion
Name (numer) Signeture Have builden		Highland h.		OT # _/
Name: (owner) Signature Home brildes System Installer: Cory Gilbert	300011131011	rightas vi	.,	01 #
Basement with plumbing: Garage Mumber of Bedrooms	3 (6 people)			
Type of Water Supply:   Community   Public   Well	Distance from well	feet		
System Type: Type III B		s V and VI Systems expire i	n 5 years.	
(In accordance with Table V a)	Owner must contact Healt	h Department 6 months pri	ior to expiration for permit renewa	l.
		1		
This system has been installed in compliance with applicable forth Carolina General Statut	tes, Rules for Sewage Treatment	and Disporal, and all conditions of	the Improvement Permit and Construction	Authorization.
90°	rearea			
90'		~ [ ]		
90'		1		
< 49.11		•		
	3Br			
	1 188.1			
	<b>V</b>			
200	Rel			
<ul> <li>I. Performance: System shall perform in accordance with Rule .19</li> <li>II. Monitoring: As required by Rule .1961.</li> </ul>	701.			
III. Maintenance: As required by Rule .1961. Other:				
Subsurface system operator required? Yes 🗆 No				
If yes, see attached sheet for additional operation	n conditions, maintenance	and reporting.		
IV. Operation:			The second principle of the second se	
V. Other:				
D-Box Pump	6	Alarm	H20Line 🗆	PWR Line
Following are the specifications for the sewage disposal system on the al	bove captioned property			I WA LINE
Type of system:   Conventional   Other 25 h 1 L d v c 7	rion Roberty.	Septic Tank:	gallons Pump Tank:	gallons
Subsurface No. of exact length	42 23 789	width of	depth of	
	n <u>360</u> feet	ditches3	feet ditches	6 inches
French Drain Required: Linear feet				
Authorized State Agent	EH	Date	8-14-24	