Harnett County Department of Public Health

PERMIT # SFO 2403-0062

Operation Permit

☑ New Installation ☑ Septic Tank ☑ Nitrification Line ☐ Repair ☐ Expansion

PROPERTY LOCATION: 56 Hazel Sue LN, Fuquay

Name: (owner) Howell Bryan SUBDIVISION _____ LOT # 3

System Installer: Blake Smith

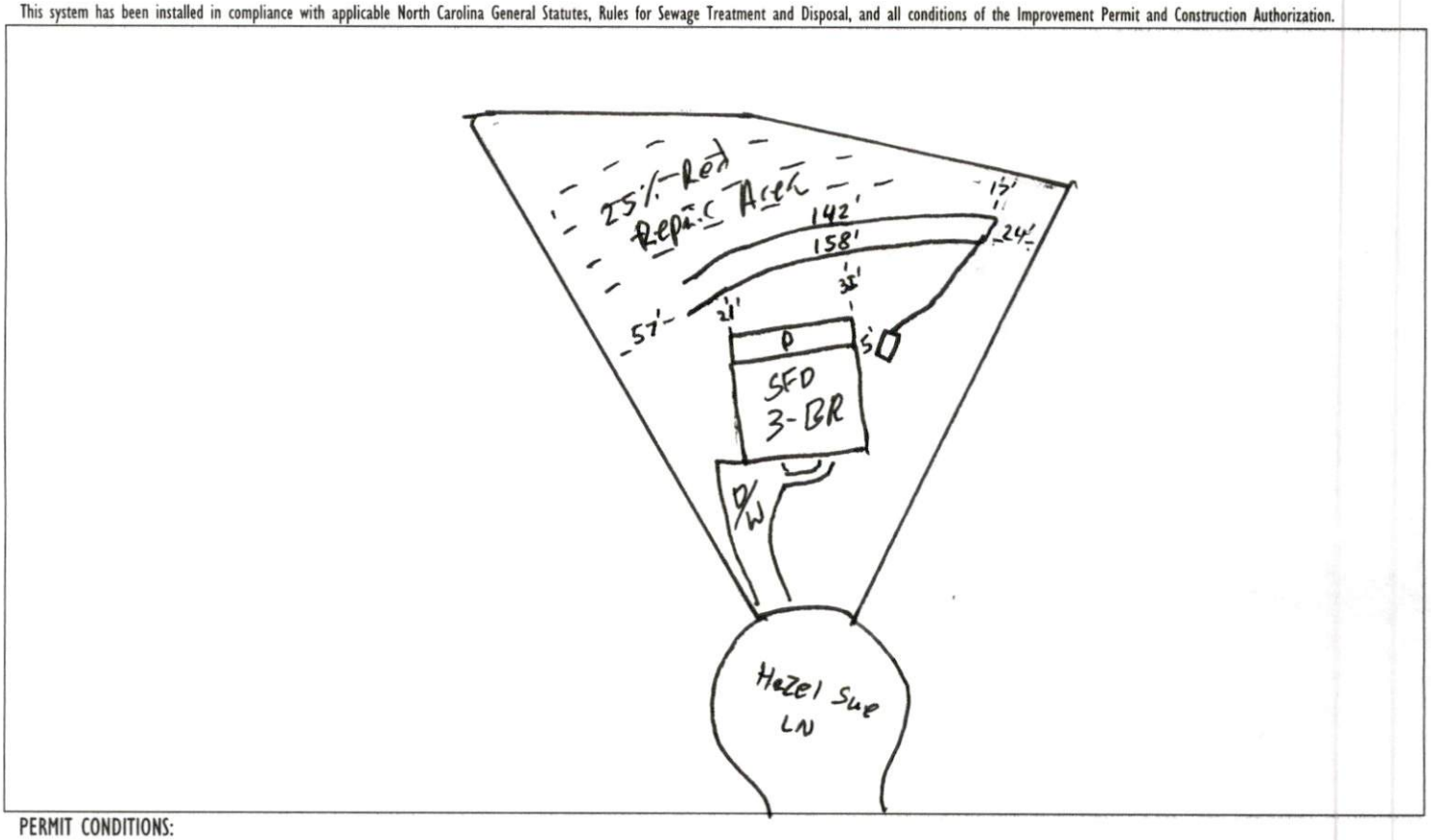
Basement with plumbing: ☐ Garage ☑ Number of Bedrooms 3

Type of Water Supply: ☐ Community ☑ Public ☐ Well Distance from well _____ feet

System Type: 25% Reduction Type III(g) Igu chambers 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 Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



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 ☐ No ☐

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

☐ _____ D-Box ☐ _____ Pump ☐ _____ Alarm ☐ _____ H2OLine ☐ _____ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional ☑ Other Type III(g) Igu chambers Septic Tank: 1,000 gallons Pump Tank: — gallons

Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 300' feet width of ditches 3' feet depth of ditches 16" inches

French Drain Required: _____ Linear feet

Authorized State Agent [signature] REHS Date 8-16-24