Harnett County Department of Public Health

PERMIT # SFD 2403-0105

Operation Permit

	New Installation Septic Tank Ni	itrification Line Repair Expansion
Name: (owner) Luis Ramira 2	PROPERTY LOCATION: 107 GROUPS	
Sustant Installant V 11: As / 1	SUBDIVISION	LOT #
System Installer: Kellie Ashley (# 6	3/1	
Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well	3 (6 people)	
System Type: Type III 13 (In accordance with Table V a)	Owner must contact Health Department 6 months prior t	
(in accordance with rapic v a)	owner must contact health bepartment o months prior t	to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Si	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the	Improvement Permit and Construction Authorization.
15'_ F	51'x 20' 3Br	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule II. Monitoring: As required by Rule .1961. III. Maintenance: Subsurface system operator required? Yes		
If yes, see attached sheet for additional oper		
IV. Operation:		
V. Other:		
№	Alarm 🗆	H20Line PWR Line
Following are the specifications for the sewage disposal system on the Type of system: Conventional Other 25% read Subsurface No. of exact len	e above captioned property. VCTION EZFIOW Septic Tank: 1000 gth width of	gallons Pump Tank: 1000 gallons depth of
	litchfeet ditches	feet ditches inches
French Drain Required: Linear feet		
Authorized State Agent	Date Date	4-21-25