Harnett County Department of Public Health

PERMIT # SFD 2403-0122

Operation Permit

| | New Installation Septic Tank Nitrification Line Repair Expans | sion |
|---|---|--------|
| Got I d | PROPERTY LOCATION: 199 Grand Gr. Ffor Way (SR 1291) SUBDIVISION Gr. Ffor Points LOT # 10 | _ |
| Name: (owner) Great Southern Homes | SUBDIVISION Griffon Point? LOT # 10 | _ |
| System Installer: | | |
| Basement with plumbing: ☐ Garage ☑ Number of Bedrooms | s 4 (8 people) | |
| Type of Water Supply: Community Public Well | Distance from well feet | |
| System Type: Type TTg | 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 Sta | statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. | L |
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| PERMIT CONDITIONS: Grand Gar | riffer Way | |
| I. Performance: System shall perform in accordance with Rule | | |
| II. Monitoring: As required by Rule .1961. | | |
| III. Maintenance: As required by Rule .1961. Other: | | |
| Subsurface system operator required? Yes 🗆 I | | |
| If yes, see attached sheet for additional opera | ation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| □ D-Box □ Pump | p 🗆 Alarm 🗆 H20Line 🖂 PW | R Line |
| Following are the specifications for the sewage disposal system on the | e above captioned property. | |
| Type of system: Conventional Other 25% res | Septic Tank: 1000 gallons Pump Tank: gall | ons |
| Subsurface No. of exact leng | ngth width of depth of | |
| | ditch 312 feet ditches 3 feet ditches inches | |
| French Drain Required: Linear feet | | |
| Authorized State Agent Mal | Date 10-25-24 | |