Harnett County Department of Public Health

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PERMIT # <u>SFD 2404</u> -0043	Operation Permit
	Installation Septic Tank Mitrification Line Repair Expansion
PR	OPERTY LOCATION: 133 Shelby meadow LN, Angier
	SUBDIVISION HONEY CN++ H:115 LOT # 7
System Installer: CNM Plumbing	
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply: Community Public Well Distance for System Type: 25% Reduction Type III(6) Fast Chamber	rom wellfeet
(In accordance with Table V a) Owner mu	Iypes V and VI Systems expire in 5 years. Ist contact Health Department 6 months prior to expiration for permit renewal.
(III accordance with Table V a)	is contact health bepartment o months prof to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for	Swage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	Shelpy meadow LN
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:	Shelby meadow LN
Subsurface system operator required? Yes \(\sqrt{N} \) No \(\sqrt{\sq}}}}}}}}}} \sintinitian\sintitian\sintitith{\sqrt{\sq}}}}}}}}}}}} \signt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqit{\sqnt{\sq\ti}}}}}} \end{\sqititinn}}}}} \end{\sqitintity}}}}} } \sq	
If yes, see attached sheet for additional operation condition	ons, maintenance and reporting.
IV. Operation:	
V. Other:	\$
□ D-Box □ Pump □	Alarm 🗆 H20Line 🗆 PWR Line
Following are the specifications for the sewage disposal system on the above capting of system: Type of system: Conventional Other Type III(b) I all a	
Subsurface No. of exact length of each ditch 348	width of depth of depth of depth of depth of ditches depth of ditches depth of depth
Drainage Field ditches of each ditch	feet ditches feet ditches inches
Authorized State Agent / Sur / REHS	Date _/Q-23-24
7 - 17	