Harnett County Department of Public Health

PERMIT # <u>SFD0404</u> -005)	Operation Permit
×	New Installation Septic Tank Nitrification Line Repair Expansion
Name: (owner) KB Home	PROPERTY LOCATION: 12) PUTNIAM ST
Name: (owner) System Installer: Some	SUBDIVISION BIRCHWOOD GROVE LOT # 168
Basement with plumbing: Garage Number of Bedrooms	3
	nnce from well feet
System Type:	Types V and VI Systems expire in 5 years.
(In accordance with Table V a) Own	er 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, Ru	ules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
Rema 210	
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 lf yes, see attached sheet for additional operation co	nditions maintenance and reporting
IV. Operation:	nations, maintenance and reporting.
V. Other:	
	Alarm PWR Line PWR Line
Following are the specifications for the sewage disposal system on the above gaptioned property.	
Type of system: Conventional Other CHENDER Subsurface No. of exact length	width of denth of
Drainage Field ditches of each ditch	
French Drain Required:	
	Reas Date 7/11/22
Authorized State Agent	Date 11124