Harnett County Department of Public Health

PERMIT # SFD		Operation Per New Installation	Sentic Tank Nit	rification Line Repa	
	2:10:	PROPERTY LOCATION:	210 6009:00	g Ct, Angir	OT # <u>30</u>
Name: (owner)	Devidson Homes Thrior Cardeons	SUBDIVISION _7do	allo Nd	L(01 # _30_
System Installer: _	Juniol Cardenas	4			
Basement with plumb Type of Water Supply		Distance from well	feet		
System Type: 25 /	a Repuction TypeTH(g) Jak	Chambes Types V and		ears.	
(In accordance with I		Owner must contact Health Depa			ıl.
This system has been insta	led in compliance with applicable North Carolina General Statut	es, Rules for Sewage Treatment and Disp	osal, and all conditions of the In	nprovement Permit and Construction	Authorization.
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PERMIT CONDITIONS:			1 2/11		
 Performance: Monitoring: 	System shall perform in accordance with Rule .1 As required by Rule .1961.	961.	7.1		
III. Maintenance:	As required by Rule .1961. Other:		11	200	
	Subsurface system operator required? Yes No		an areas state of the		
	If yes, see attached sheet for additional operation	n conditions, maintenance and i	eporting.		
IV. Operation:					-11
V. Other:					
	D-Box	Alarr	n 🗆	H20Line 🗆	PWR Lin
	cifications for the sewage disposal system on the a	bove captioned property.			
Type of system: Subsurface	Conventional Other 1/pe III No. of exact length	9) + The mores	Septic Tank: 1000		
Drainage Field	ditches ditches	1 345 feet	ditches 3	depth of Z	4// inches
French Drain Require			(30.0.000 T)		
	1/3/				
Authorized State A	gent // //	H5	Date _	11-3-24	