Harnett County Department of Public Health

PERMIT # SFD	2407-0007	Operation Permit		
			Tank W Nitrification, Line	Repair Expansion
		PROPERTY LOCATION: 113	Frost Meadew	Wey Lillington
Name: (owner)	ORB Homes	SUBDIVISION BIAKE	gond	LOT # 108
System Installer:	CNM piumbize		7	
Basement with plumbi	ing: Garage Number of Bedroo	15 4-ER		
Type of Water Supply:	Reduction Type TI Co	Distance from well feet	t	
(In accordance with Ta	able V a)	Owner must contact Health Department	6 months prior to expiration for per	mit renewal.
This system has been instal	lled in compliance with applicable North Carolina General	Statutes, Rules for Sewage Treatment and Disposal, and	all conditions of the Improvement Permit and	Construction Authorization.
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		0.00	Tiot.	
		1021	13'	
		126'	<u> </u>	
		166'	—///	
	F 25	1301	$\rightarrow II$	
	R.	1 225		
	18 2/2	135 - WB Kepa:	4	
	13.	His - Free	a //	
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For Fine		SFD	/	
		S. All	/	
* Needs	a when River	1 U-br	/	
For Own	2 4 4 6		/	
Con prong	TEAT TO SE			
6 above	o grade			
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		101 140	Ŋ	
		Grost meadow wa		
		,		
PERMIT CONDITIONS:				
I. Performance:	System shall perform in accordance with R	le .1961.		
II. Monitoring:	As required by Rule .1961.			
III. Maintenance:	As required by Rule .1961. Other:			
	Subsurface system operator required? Yes [
IV 0	If yes, see attached sheet for additional op	eration conditions, maintenance and reporting	} -	
IV. Operation:			, , , , , , , , , , , , , , , , , , , ,	
V. Other:				
	D-Box	np 🗆 Alarm 🖂	H20Line □	PWR Line
Following are the spec	cifications for the sewage disposal system on			
Type of system:	Conventional Dother Type	146) Isycannes Septic T	iank: 1,000 gallons Pump	Tank: 1,000 gallons
Subsurface			th of denth	of
Drainage Field	ditches of each	$\frac{1}{1} \frac{1}{1} \frac{1}$	hes feet ditch	es 26 18 inches
French Drain Required	:Linear feet			1 1 1
	11.			
Authorized State A	gent	NF.45	Date 10-29-2	24