Harnett County Department of Public Health

PERMIT # SFD 2407-0015

Operation Permit

						ication Line \square Repair	☐ Expansion
Name: (owner)	Davido	11		TION: ZZ Van		JT	4
			SUBDIVISION	wellow !	20011	L01	# <u>zo</u>
Basement with plumb	ing: Gerage	Backhoe Sve	4/8 2016)				
Type of Water Supply	c Community	Number of Bedrooms Public	Distance from well	feet			
System Type:		De TILS		es V and VI Systems	eynire in 5 year	rs	
(In accordance with T		7				xpiration for permit renewal.	
	,	1		1	, , , , , , , , , , , , , , , , , , ,		
This system has been insta	lled in compliance with app	plicable North Carolina General Sta	tutes, Rules for Sewage Treatment	and Disposal, and all cor	nditions of the Impr	ovement Permit and Construction Auth	norization.
			135.9' ISO'				
PERMIT CONDITIONS: Performance:	System shall nerfor	m in accordance with Rule	in Winkle				
II. Monitoring:	As required by Rule	e .1961.	.1701.				
III. Maintenance:	As required by Rule						_
		operator required? Yes 🗆 N	,				
IV O	If yes, see attached	sheet for additional operat	tion conditions, maintenance	and reporting.			
IV. Operation:							_
V. Other:							
>	D-Box 🗆	Pump		Alarm		H20Line □	PWR Line
Following are the spec	cifications for the sew	age disposal system on the	(-				
Type of system:		Other 25 To reduct		Septic Tank:	100	gallons Pump Tank:	gallons
Subsurface	No. of	exact lengt		width of	2	depth of	
Drainage Field	ditches		tch feet	ditches _	2	feet ditches 23	inches
French Drain Required	i	Linear feet	1/				
Authorized State A	gent	Mohade	-REHS		Date	10-29-24	