Harnett County Department of Public Health

PERMIT # SFD 2406-0104 Operation Permit New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 101 Frost meadow Way, 2:11: agton SUBDIVISION Blake Pond Name: (owner) DRB +lone 9 System Installer: CNM plumbing Basement with plumbing: Garage Number of Bedrooms Type of Water Supply:

Community Public ☐ Well Distance from well Jaynembers Types V and VI Systems expire in 5 years. System Type: 25% Red nction Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. PERMIT CONDITIONS: System shall perform in accordance with Rule . 1961. 1. Performance: II. As required by Rule .1961. Monitoring: As required by Rule .1961. Other: Maintenance: Subsurface system operator required? Yes \square No \square If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: Alarm
H20Line **PWR Line** D-Box Pump Following are the specifications for the sewage disposal system on the above captioned property. Other Type III(3) Ingueses Septic Tank: 1,000 gallons Pump Tank: Type of system:

Conventional exact length width of Subsurface No. of ditches 18-20 inches of each ditch Drainage Field ditches Linear feet French Drain Required: Date _ 10-16-24 Authorized State Agent_____