## Harnett County Department of Public Health

PERMIT # SFD 2408-0014

Operation Permit

	New Installation 🔀 Septic Tank 🖎 Nitri	ification Line 🗌 Repair 🗌 Expansion
00 " 1 1	PROPERTY LOCATION: 321 old fas	hiered way
Name: (owner) BC wellos knoll	SUBDIVISION Wellers Levell	LOT # 75
System Installer: Gener Bachoe		
Basement with plumbing: Garage Mumber of Bedroom	3(60e00/e)	
Type of Water Supply:   Community Public Well	Distance from well feet	
System Type: Type III 9	Types V and VI Systems expire in 5 ye	ars.
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to	expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General S	tatutes Rules for Sewage Treatment and Disposal and all conditions of the Immedia	provement Permit and Construction Authorization
10°	Tati	provement Permit and Construction Authorization.
PERMIT CONDITIONS:  I. Performance: System shall perform in accordance with Rule	old Fashward way	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:	10	
Subsurface system operator required? Yes $\Box$		
If yes, see attached sheet for additional oper IV. Operation:	ation conditions, maintenance and reporting.	
V. Other:		
▶ D-Box □ Pum	p 🗆 Alarm 🗆	H20Line PWR Line
Following are the specifications for the sewage disposal system on the		
Type of system:   Conventional Other 25% (1)	CTION EZELW Septic Tank: 1000	gallons Pump Tank: gallons
Subsurface No. of exact len	· U/h	depth of
Drainage Field ditches 3 of each	ditch feet ditches	_ feet ditches inches
French Drain Required: Linear feet	A	
Authorized State Agent Wall	Date 1	0-28-24