## Harnett County Department of Public Health

PERMIT # SFD 2408-0030	Operation Permit  We Installation Septic Tank Nitrification Line Repair Expansion  PROPERTY LOCATION: 522 Magazia Acres L. Figner
No constitution of the second	ROPERTY LOCATION: 522 Magnesia Acres LA Fuguery
Name: (owner) HHHHuat Hemes  System Installer: Gacdner Sept: C	SUBDIVISION Magnetia Acres LOT # 7
Basement with plumbing: Garage Number of Bedrooms 4	
Type of Water Supply:   Community Public   Well Distance	from well feet
System Type: 25% Resuction Type TH(3) Owner  (In accordance with Table V a)	must contact Health Department 6 months prior to expiration for permit renewal.
(III accordance with Table 1 a)	nust contact realth bepartment o months prior to expiration for permit renewal.
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.
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PERMIT CONDITIONS:	91: A ACTES LN
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961.  III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes \( \sqrt{No} \sqrt{\sqrt{No}} \sqrt{\sqrt{No}} \sqrt{\sqrt{No}} \sqrt{\sqrt{No}}	
If yes, see attached sheet for additional operation cond	tions, maintenance and reporting.
IV. Operation:	
V. Other:	
□Pump □ _	Alarm — H20Line — PWR Line
Following are the specifications for the sewage disposal system on the above can system:  Conventional Other	ptioned property.  Septic Tank: 1,000 gallons Pump Tank: gallons
Subsurface No. of exact length	width of depth of
Drainage Field ditches of each ditch	
French Drain Required: Linear feet	
Authorized State Agent AFH.	Date 12-17-24
Authorized State Agent	vale 1 - 67