Harnett County Department of Public Health

PERMIT # SFDZ	1410-0009	Operation Per	mit		
				cation Line 🗆 Repair 🗆	Expansion
	GAIT Land Development GAMEN SEPTICE 19: Garage Mumber of Bedrooms 4	PROPERTY LOCATION:	107 Magno	lie Grove Was	/
Name: (owner)	GALT Land Development	SUBDIVISION MA	egnolin A1/15	10T #	86
System Installer	GAMES SEATER		11111		
Basement with plumbing	g: Garage Mumber of Bedrooms	(8people)			
Type of Water Supply: Community Public Well Distance from well					
System Type:	TYPIELL B		d VI Systems expire in 5 years		
(In accordance with Tab	ble V a)	Owner must contact Health Depa	rtment 6 months prior to exp	piration for permit renewal.	
70.	d in compliance with applicable North Carolina General Statut	D. L. C. C. T		/ 	
This system has been instance	u in compitance with applicable North Caronna General Statut	s, holes for sewage freatment and bispi	isai, and an conditions of the improv	vement Fermit and Construction Authoriz	ation.
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	/ K.				
PERMIT CONDITIONS:					
I. Performance:	System shall perform in accordance with Rule .1	961.			
II. Monitoring:	As required by Rule .1961.				
III. Maintenance:	As required by Rule .1961. Other:				
	Subsurface system operator required? Yes \square No				
	If yes, see attached sheet for additional operation	n conditions, maintenance and r	eporting.		
IV. Operation:					
V. Other:					
v. other.		h			
□	D-Box Pump	Alarn	n = 🗆	H20Line	PWR Line
	fications for the sewage disposal system on the a			N	
Type of system:			The second secon	gallons Pump Tank: 100	gallons
Subsurface	No. of exact length	2000	width of	depth of	i.e.de
Drainage Field French Drain Required:	ditches of each ditc	hfeet	ditches	feet ditches 29	inches
Trench Drain Required.	Lilled leet	M			
Authorized State Ag	ent Wal	On prits	Date 3-	12-25	