Harnett County Department of Public Health

PERMIT # 5F02410-0017	Operation Permit	
	New Installation ☐ Septic Tank ☐ Nitrification Line ☐ Repair ☐ Ex	vacation
		xpansion
Name: (owner) DREAM Findows Ho	PROPERTY LOCATION: 3x/16Z Sharpf Watson PD	10
	mas SUBDIVISION Watson Ruled LOT # 4	1
System Installer: 6 Anne Septie	3	
Basement with plumbing: ☐ Garage ☐ Number of Bedrooms Type of Water Supply: ☐ Community ☐ Public ☐ Well	Distance from well feet	
System Type: 25% NBAVERON System	Charles Types V and VI Systems expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
	QUIKY	
This system has been installed in compliance with applicable North Carolina General St	ratutes, Rules for wage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
	Extract 25% Red	
	, 15% Red	
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	Rochang House La	
PERMIT CONDITIONS:	TOTAL STORY	
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		
If yes, see attached sheet for additional opera	ation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
□ D-Box □ Pump	p	_ PWR Line
Following are the specifications for the sewage disposal system on the		
Type of system: Conventional Other 25% 178		gallons
Subsurface No. of exact leng	gth width of depth of	.
Drainage Field ditches of each d French Drain Required: Linear feet	litch 15^8 feet ditches 3 feet ditches 28 in	nches
Authorized Cours According to 1	Date 1-23-25	
Authorized State Agent	Date 1-23-25	