Harnett County Department of Public Health

| PERMIT # SF 0 2 | 1410-008 | 6 | Operati | on Parmit | | |
|--------------------------------|------------------------------|--|-------------------------------|--------------------------------|---------------------------------------|-----------------------------|
| PERMIT # NO 2 | - 1 | | New Jestellet | on Permit | TO MILITARY II | □ n |
| | | | New Installati | OCATION 303 | Nitrification Line | Repair Expansion |
| Name: (owner) | DRR Grown | North Core | CIIDDIVIC | ON Honey Ch | Shelby Meader | LOT # 16 |
| System Installer: | NM Aluation | 1 CATO | I . A () JUDUIVISI | UN Floney Ch | H H:11-3 | LUI #/# |
| Basement with plumbin | g Garage V | Number of Bedrooms | 4 | | | |
| | ☐ Community ☑ | Public Well | Distance from well | feet | | |
| System Type: 25% | Ardnetien 7 | xpe AR(b) In | Hemanbers | Types V and VI Systems | expire in 5 years. | |
| (In accordance with Tab | ole V a) | | Owner must contact | Health Department 6 mo | nths prior to expiration for per | mit renewal. |
| This system has been installed | d in compliance with applica | ble North Carolina General Sta | atutes, Rules for Sevage Trea | ment and Disposal, and all con | ditions of the Improvement Permit and | Construction Authorization. |
| .v | | | | المدوون فر | F 1: | |
| Needl | - prop 1 | Ataim | 3 | Co Say | see sin | |
| For 1 | tral | | - | | 50. | |
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| | | | | | | |
| PERMIT CONDITIONS: | | 1 | | Shelby Mead | 914 | |
| | | n accordance with Rule | .1961. | 130 | | |
| II. Monitoring: | As required by Rule .! | | | | | |
| III. Maintenance: | As required by Rule . I | rator required? Yes 🗆 1 | No 🗆 | | | |
| | | neet for additional opera | | nance and reporting. | | |
| IV. Operation: | | | | | | |
| V Osham | | 1 | | | | |
| V. Other: | DD [| | | 4 | 11001: | DWD I: |
| Fallerian de de | D-Box | Pump | | Alarm 🗆 | H20Line | PWR Line |
| Type of system: (| | disposal system on the Other Type TICO | | | 1,000 gallons Pump | Tank: _/, 000 gallons |
| Subsurface | No. of | exact leng | rth | width of | depti | |
| Drainage Field | ditches | of each di | 244 | eet ditches _ | 3 feet ditch | |
| French Drain Required: | | Linear feet | | | | |
| | 1 . | / | | | | |
| Authorized State Ag | ent_ lor An | FLEHS | | | Date 4-16-2 | 5 |