Harnett County Department of Public Health

PERMIT # SFD MAND	Operation Permit	
	New Installation Septic Tank Mitrification Line Rep	nair - Evpansion
	PROPERTY LOCATION: 202 Golden Leaf Farms	RI A
Name: (owner) Pavidson Homes		.0T # 43
System Installer: Genes Back Nov		.01 # _93
Basement with plumbing: Garage Wumber of		
	☐ Well Distance from well feet	
System Type: 25% Reduction Type I		
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renew.	al.
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.
3 peep Curchin	70' 70' 70' 70' 70' 70' 70' 70' 70' 70'	
PERMIT CONDITIONS:	10/4	
I. Performance: System shall perform in accordance	vith Rule 1961	
II. Monitoring: As required by Rule ,1961.	Golden dead fains Rd	
III. Maintenance: As required by Rule .1961. Other:	V., N	
Subsurface system operator required? If wes see attached sheet for addition	nal operation conditions, maintenance and reporting.	
IV. Operation:	nai operation conditions, maintenance and reporting.	
V. Other:		
□ D-Box □	Pump	PWR Line
Following are the specifications for the sewage disposal system		
Type of system: Conventional Other 7/16		gallons
and the contract of the contra	xact length width of 3 depth of	2" inches
French Drain Required: Linear fee	diteres lett diteres	inches
0 / 2		
Authorized State Agent	1545 Date 2-4, 25	