## Harnett County Department of Public Health

PERMIT # SFD 2411-0029

Operation Permit

FERNIN # 5.5	2-111	The state of the s	lation It Contin Touls	Niedicarda III. Dani	
Ϊ.		PROPERT	lation 🛮 Septic Tank 🖎 Y LOCATION: 36 Horse	Mitrification Line L Repai	r 🗀 Expansion
Name: (owner)	Dream Finder	s Homes SUBDIV	ISION WATSON RIC	dge LO	1# 26
System Installer: _	GAC	Mer SATIC	1	•	
Basement with plumb Type of Water Supply		ber of Bedrooms 4 (8 people ic  Well Distance from well	(e)		
System Type:	TYPET	II B	Types V and VI Systems expire in	5 years.	
(In accordance with T	Table V a)	Owner must conta	act Health Department 6 months prior	or to expiration for permit renewal.	
This system has been insta	alled in compliance with applicable North	Carolina General Statutes, Rules for Sewage T	reatment and Disposal, and all conditions of	the Improvement Permit and Construction A	uthorization.
PERMIT CONDITIONS:		8' 38' × 41' 8' 38' × 41' 8' 38' × 41' 8' 38' × 41'	TO SECOND		
<ol> <li>Performance:</li> <li>Monitoring:</li> </ol>	System shall perform in accord As required by Rule .1961.	dance with Rule .1961.			
III. Maintenance:	As required by Rule .1961. 0				_
	Subsurface system operator re If yes, see attached sheet for	equired? Yes 🗆 No 🔀 additional operation conditions, main	ntenance and reporting.		
IV. Operation:					
V. Other:					
o	D-Box	Pump 🞾	Alarm 🗆	H20Line 🗆	PWR Line
Following are the spec	ecifications for the sewage dispos	al system on the above captioned pro	operty.		(D)
Type of system:  Subsurface	Conventional Other _ No. of	eyact length	<b>エロ</b> Septic Tank: 100 width of	depth of	gallons
Drainage Field French Drain Required	ditches/	of each ditch 204	_ feet ditches3	feet ditches <b> Z</b> 8	inches
reduit viain nequired	ULI	11 11			
Authorized State A	Agent M	A REH	Date	4-23-25	