Harnett County Department of Public Health

(100.11		/ I		
PERMIT # SFD 24	11-0457	Operation Pern		
		✓ New Installation ✓ Se	eptic Tank Nitrification	Line Repair Expansion
		PROPERTY LOCATION:	437 Adems Pri	nte ct, Angier
Name: (owner) D	RB Group North Ca	colina SUBDIVISION HONCY	1 Cutt 4:115	LOT # 26
System Installer: C	LM Septic			
	☐ Garage ☑ Number of Bedroom	5 4		
Type of Water Supply:	Community Public Well	Distance from well	_ feet	
	eduction Type II(b) I		VI Systems expire in 5 years.	
(In accordance with Table	V a)	Owner must contact Health Depart	ment 6 months prior to expiration	for permit renewal.
This sustam has been installed in	s compliance with applicable New Complian Consert (to the Dule Co. Co To	l I II es (II I	
inis system has been histaned h	n compliance with applicable North Carolina General S		al, and all conditions of the improvement Po	ermit and Construction Authorization.
* Needs	PLAMP & ALLEN FOR	ENE		
/ -	The state of the s			
	1:00			
	Exercision Brate	10'266	4	
	* Firende Ales Ol	6, 11/5	1-36	
*	1 +) ()	// ====	1 4 1	'
	7 0 114	(1) / / / 7	1 答章 1 1	
#	Said Silve Soi	114 / / 3	","	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	La Pelvi	(/ / /)	1 40 03	
1 4 7	Area Area	1/2/2//	10	
3	* (),	1-1-15 66	1,	
	£ , , ,	1 / / / / / / / / / / / /	7	
		11/6	21	
	ntractor M: Ke moody i mex Treach bottom to Conduct p: 15 Fe it :5 Sn: + 2612, +0 72"	10'aff	1	
111111111111111111111111111111111111111	atractor Mike Moody	with CRM flum	bing made an	eccos and want
* 380.0 00	To de hotten	when permit states	17" contractor	wes given the
26-27" 50	MEX HEALT DILL FI	c an evaluation	on saporlite, sap	poclite Starts at
opportunity	to conduct pital		, , ,	AR. 1
29" And	, 13 34.7512			
DEDMIT COMPLETIONS				
PERMIT CONDITIONS: I. Performance: Sv.	stam shall norform in assendance with Bul	10/1		
1	stem shall perform in accordance with Rule required by Rule .1961.	.1701.		
0	required by Rule .1961. Other:			
	bsurface system operator required? Yes	No 🗆		
	yes, see attached sheet for additional oper		orting.	
IV. Operation:		11 T		
_				
V. Other:				
P	_ D-BoxPum	p 🗆 Alarm	□ H20Lin	e 🗆 PWR Line
Following are the specificat	tions for the sewage disposal system on th		Access 30 AP 30 AP	
Type of system: Conv	ventional Other Type III	6) Jay chambers se	ptic Tank: gallons	Pump Tank: 1,000 gallons
	o. of exact len	gth .	width of	depth of
0		litch 401 feet	ditches 3 feet	ditches 26-27 inches
French Drain Required:	Linear feet			
	And the six		16 W	
Authorized State Agent	Mend he let		Date _ 4- 25	3-25