Harnett County Department of Public Health

PERMIT # SFD 2	411 - 00 72	Ø	Operation P		Nitrification Li	ne 🗆 Repair 🗆	Expansion
					ental St, A		LAPAIISIOII
Name: (owner) Sm System Installer: A		5 Homes	SUBDIVISION To	bacco Rd		LOT #	152
Basement with plumbing:		umber of Bedrooms	3				
Type of Water Supply: [☐ Community ☑ P	ublic 🗆 Well Dis	tance from well	feet			
System Type: 25% R	eduction Type	III (9) Ja4 (enember <5 Types V	and VI Systems exp	ire in 5 years.		
(In accordance with Table	e V a)	Ow	ner must contact Health [epartment 6 month	s prior to expiration for	r permit renewal.	
This system has been installed	n compliance with applicable N	orth Carolina General Statutes,	Rules for Sewage Treatment and	Disposal, and all condition	ons of the Improvement Permi	it and Construction Authoriza	ition.
							1 1
		des weed	PSom Lyluder				4-14
		/	mood	Tree Line			1-1-1
				دردر	m		
			W	30.12			
		107	~				
			- 000	+ Report	-		1 18
		SFD	71- 12	71			1 11
		1 /		71'	(9)		
		3-81	1.16	711	014		4 13
			1	711			4 12
	/	16-		1. Reprie			1 1 1
	1/	The second	1 -25/-0	rest Reprise			1 13
	//	7	7	CS			
	1/4)	L /0/4					
	//	11/					1- 1-
	1 my/v	^ //					
PERMIT CONDITIONS:			ociental St				
	ystem shall perform in ac						
	s required by Rule .1961						
	s required by Rule .1961						
	ubsurface system operator						
IV. Operation:	yes, see attached sheet	for additional operation	conditions, maintenance an	d reporting.			
operation.							
V. Other:							
P	D-Box 🗆	Pump		arm 🗆	H20Line		PWR Line
Following are the specific	ations for the sewage dis	posal system on the abov	e captioned property.				
	n of	exact length	Jak hanber	Septic Tank: width of		Janah of	
	itches 4	of each ditch	71 feet	ditches	3' feet	ditches 18-22	inches
French Drain Required:		Linear feet			1000		
Authorized State Ager	at flow	for sens			Date 3-3-2.	5	