## Harnott County Donartment of Public Health

|   | Harnett County Department of Public Health  |
|---|---|
| PERMIT # SFD 2411 -0103   | Operation Permit  |
|   | New Installation Septic Tank Nitrification Line Repair Expansio   |
| DATE I  | PROPERTY LOCATION: 93 Greet Smakey Place  |
| Name: (owner) PLB Home System Installer: C&M PL                       | SUBDIVISION BICKE POND LOT # 130  |
| Basement with plumbing: Garage  | Number of Bedrooms 4  |
| Type of Water Supply:   Community                                     | Public  Well Distance from well feet  |
| System Type: 50% Reduct: (In accordance with Table V a)               | Owner must contact Health Department 6 months prior to expiration for permit renewal.   |
|   |   |
| This system has been installed in compliance with a                   | applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. |
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| PERMIT CONDITIONS:  |   |
| I. Performance: System shall performance                              | orm in accordance with Rule .1961.  |
| II. Monitoring: As required by Ri III. Maintenance: As required by Ri | ule .1961.<br>ule .1961. Other:   |
|   | operator required? Yes  No  |
|   | ed sheet for additional operation conditions, maintenance and reporting.  |
| IV. Operation:  |   |
| V. Other:   |   |
|   | Pump  |
| Following are the specifications for the se                           | ewage disposal system on the above captioned property.  |
| Subsurface No of  | Other Type TI(b) 72 7 gas Septic Tank: 1,000 gallons Pump Tank: 1,000 gallon exact length width of depth of   |
| Drainage Field ditches 3  | of each ditch <b>80</b> feet ditches <b>3</b> feet ditches <b>18-24</b> inches  |
| French Drain Required:  | Linear feet   |
| Authorized State Agent  | Date 5-6-25   |