

Harnett County Department of Public Health

PERMIT # SFD 2411-0111

Operation Permit

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ Expansion

PROPERTY LOCATION: 39 Tyler Dewar LN, Fuquay

SUBDIVISION _____ LOT # 16B

Name: (owner) Reid Michael P

System Installer: Janie Gilliland

Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 4

Type of Water Supply: ☐ Community ☐ Public ☒ Well Distance from well _____ feet

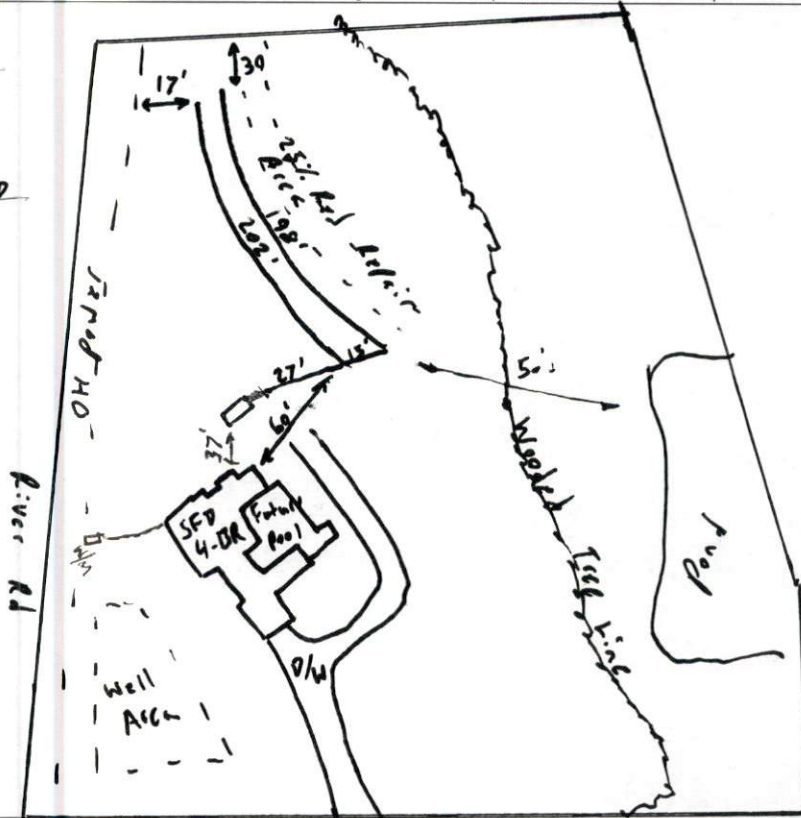
System Type: 25% Reduction Type III (g) French Chambers Types V and VI Systems expire in 5 years.

(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 applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

* House was Not
Installed During
Septic Install.
- Need to check BED
Setback



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes ☐ No ☐
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

☐ D-Box ☐ Pump ☐ Alarm ☐ H2O Line ☐ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional ☒ Other Type III (g) French Chambers Septic Tank: 1,000 gallons Pump Tank: _____ gallons
Subsurface No. of exact length 202' width of depth of
Drainage Field ditches 2 of each ditch 198' feet ditches 3' feet ditches 18"-19" inches
French Drain Required: _____ Linear feet

Authorized State Agent Donna REHS

Date 8-15-25