Harnett County Department of Public Health

PERMIT # SFD2412-0066

Operation Permit

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Re

PROPERTY LOCATION: 290 Thistle Ct CSR

Name: (owner) Weaver Homes SUBDIVISION West Preserve

System Installer: Yellow Dog

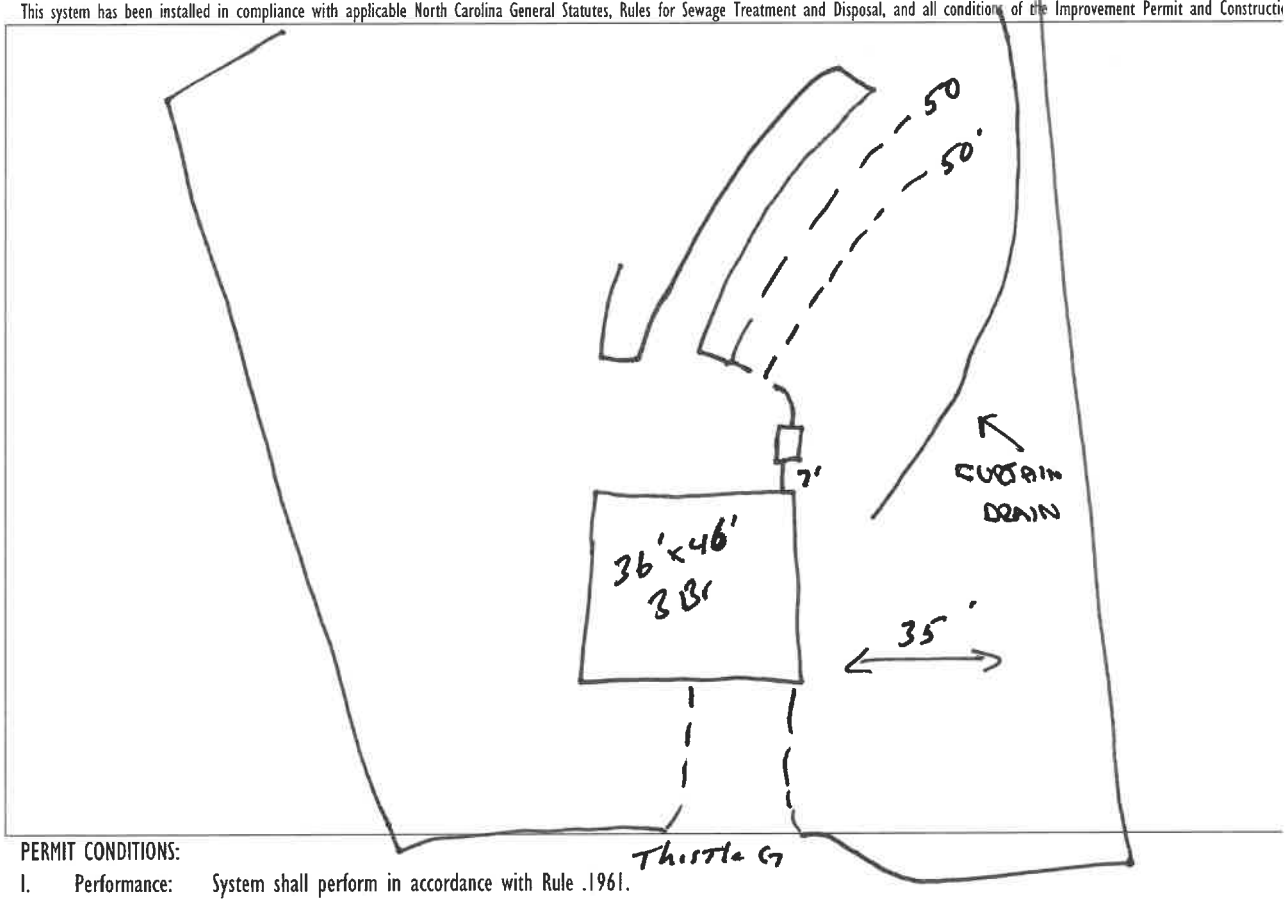
Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 3 (6 people)

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

System Type: Type III g 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 rene

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 Constructi



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 ☐ _____ H2OLine ☐ ____

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

Type of system: ☐ Conventional ☒ Other 25% reduction IQ4 Septic Tank: 1000 gallons Pump Tank: _

Subsurface Drainage Field: No. of ditches 1; exact length of each ditch 225 feet; width of ditches 3 feet; depth of ditches ____

French Drain Required: _____ Linear feet

Authorized State Agent REHS Date 7/8/25