Harnett County Department of Public Health

PERMIT # SFD	2501-0009	<u>Operati</u>	on Permit	,	
		✓ New Installati	on 🖸 Septic Tank 🗹	Nitrification Line Repair	☐ Expansion
	nia .	PROPERTY L Casolina 216 SUBDIVISI	OCATION: 231 Alder	1 Hay Angiel	
Name: (owner)	DRB Group Nort	n casolina 226 SUBDIVISI	ON Campbell Rig	lot LOT	# 17
Basement with plumbi	Neither Master	of Bedrooms 4			
	: Community Public	☐ Well Distance from well _	feet		
System Type: 25%	Reduction Type II	Well Distance from well _	Types V and VI Systems expire in	5 years.	
(In accordance with T	able V a)	Owner must contact	Health Department 6 months prior	r to expiration for permit renewal.	
This system has been instal	lled in compliance with applicable North Ca	rolina General Statutes, Rules for Sewage Treat	ment and Disposal, and all conditions of t	he Improvement Permit and Construction Aut	horization.
	* -	weeds prof ? A	term for Fina,)	
	The second second	138' 138'	120 16 16 16 16 16 16 16 16 16 16 16 16 16	Alden way	
PERMIT CONDITIONS:					
I. Performance: II. Monitoring:	System shall perform in accordant As required by Rule .1961.	nce with Rule .1961.			
III. Maintenance:	As required by Rule .1961. Othe	r			
	Subsurface system operator requi				
IV. Operation:	il yes, see attached sheet for ad	ditional operation conditions, mainter	nance and reporting.		
V 04h					
V. Other:	D.D				
Following are the spec	D-Box	ystem on the above captioned proper	Alarm 🗆	H20Line 🗆	PWR Line
Type of system:	Conventional Other Ty	se III (b) I all (manage	Septic Tank: 1,000		gallons
Subsurface Drainage Field	No. of ditches	exact length of each ditch 402 fe	width of ditches 3		
French Drain Required:		r feet	et ditches3_	feet ditches 18	inches
Authorized State Ag	gent Mn/ In	REHS	Date	6-17-25	