Harnett County Department of Public Health

Operation Permit PERMIT # SFD 2301-0019 PROPERTY LOCATION: 119 Grove Town Ship Way, Angize SUBDIVISION _____ Name: (owner) Clayton Properties Group System Installer: David Garage Mumber of Bedrooms Basement with plumbing: Type of Water Supply: Community Public Well
System Type: 25%. Reduction Type III (b) Manifold Distance from well IR4 commbet 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. PERMIT CONDITIONS: 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 \(\square\) No \(\square\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: D-Box Pump □ Alarm □ H20Line **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Other The TI (b) Septic Tank: 1,000 width of Type of system:

Conventional gallons Pump Tank: 1000 Subsurface exact length width of depth of of each ditch 86 Drainage Field feet French Drain Required: Linear feet Date 3-13-25 REHS Authorized State Agent_