CD2501-0031

Harnett County Department of Public Health Operation Permit

PERMIT # SPUZZ		New New	Installation & Sep	tic Tank 🗶 Nitrifi	cation Line 🗆 Repair	□ Ехра	nsion
		PR	OPERTY LOCATION: /	65 Knoll Was	IOT	# 9	
Name: (owner)	with Douglas	tomes	SUBDIVISION Brian	WOOD BIOTH		# _/_	
System Installer:	ATR		-()				
Basement with plumbing:		of Bedrooms 3 (Lpe	ple)	feet			
Type of Water Supply:	Community Public		Types V and V	Systems expire in 5 year	75.		
System Type: (In accordance with Table	e V a)	Owner mi	ust contact Health Departn	nent 6 months prior to ex	opiration for permit renewal.		
•				1			
This system has been installed	in compliance with applicable North (	arolina General Statutes, Rules for	r Sewage Treatment and Disposal	, and all conditions of the impr	overhent remit and construction at	delionizationi	
		B 3Br	\$50, 74 \$4'	94.			
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance:	System shall perform in acco As required by Rule .1961. As required by Rule .1961.	dance with Rule .1961.	roll wy				
	Subsurface system operator r If yes, see attached sheet fo	additional operation cond	itions, maintenance and re	eporting.			
IV. Operation:		,					
V. Other:					Access —		DWD II
X	D-Box 🗆	Pump 🗆 _	Alarn	ı 🗆	H20Line 🗆	_	_ PWR Line
Following are the spec	cifications for the sewage dispo	sal system on the above of	aptioned property.	Septic Tank: 1000	gallons Pump Tank:		_ gallons
Subsurface Drainage Field French Drain Required	No. of ditches/	exact length of each ditch <u>32</u> Linear feet		width of ditches 3	depth of	9	nches
Authorized State A	/	Ich ah	REH	Date	3-27-25		