Harnett County Department of Public Health

PERMIT # SFD 2501-0084	Operation Permit	
	New Installation A Septic Tank	Nitrification Line Repair Function
	PROPERTY LOCATION: 2.76 1/24	Wakle CT
Name: (owner) BC Wellors K	raoll PROPERTY LOCATION: 236 Van SUBDIVISION Wellos Krol	LOT # 3/
System Installer: Genes back	chor suc	
Basement with plumbing: Garage Number	r of Bedrooms 3 (bperple) Well Distance from well feet	
System Type: Type: (In accordance with Table V a)	Owner must contact Health Department 6 months prior	5 years.
(iii accordance with rapie v a)	owner must contact nearth bepartment o months prior	to expiration for permit renewal.
This system has been installed in compliance with applicable North C	arolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of th	e Improvement Permit and Construction Authorization.
	25'	
	80'	
	JBr (26.)	
	1 1 1	
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PERMIT CONDITIONS:	nce with Rule . 1961. Van Winkelt	
I. Performance: System shall perform in accorda	nce with Rule .1961.	
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Oth	or.	
Subsurface system operator requ		
If yes, see attached sheet for a	dditional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
D-Box □	Pump	H20Line PWR Line
Following are the specifications for the sewage disposal	system on the above captioned property.	
Type of system: Conventional Other 2	5 To reduction EZFlowseptic Tank: 1001	
Subsurface No. of Drainage Field ditches	exact length width of of each ditch 310 feet ditches 3	depth of
	of each ditch 310 feet ditches 3	feet ditches inches
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Authorized State Agent	Mah UNEHS Date	3-2525