## Harnett County Department of Public Health

| PERMIT # <u>SFO 2501-</u> 0097                          |                                     | Operation New Installation       | Permit Septic Tank   | Nitrification Lin                           | e 🗆 Repair 🗆                 | Expansion |
|---|-------------------------------------|----------------------------------|--|---|------------------------------|-----------|
| 2 10.   |                                     | PROPERTY LOCA                    | TION: 180 C  | CEDAL Mind P                                | N, tugra                     | <u> </u>  |
| Name: (owner) Donald & 6:04                             |                                     | SUBDIVISION                      |  |   | LOT # _                      | 5         |
|   | erdenas                             |                                  |  |   |                              |           |
| Basement with plumbing:  Garage                         | Number of Bedrooms                  | _3                               |  |   |                              |           |
| Type of Water Supply:   Community                       | Public Well                         | Distance from well               | feet   |   |                              |           |
| System Type: 23% Red we 1:00                            | Type mag                            |                                  | s V and VI Systems e   |   |                              |           |
| (In accordance with Table V a)                          |                                     | Owner must contact Healt         | in Department 6 mon  | ths prior to expiration for                 | permit renewal.              |           |
| This system has been installed in compliance with app   | licable North Carolina General Stat | utes Rules for Sewage Treatment  | and Disposal and all cond  | itions of the Improvement Permit            | and Construction Authorizat  | ion       |
| inis system has been histaned in compliance with app    | ncable North Caronna deneral state  | ates, hales for sewage treatment | and Disposal, and an cond  | itions of the improvement remine            | and construction Authorizate | ion.      |
| DERMIT CONDITIONS:                                      |                                     | St. Stan                         | Service of the servic | 540 SED |                              |           |
| PERMIT CONDITIONS:  I. Performance: System shall perfor | m in accordance with Rule           | 1961                             |  |   |                              |           |
| II. Monitoring: As required by Rule                     |                                     | 1701.                            |  |   |                              |           |
| III. Maintenance: As required by Rule                   |                                     |                                  |  |   |                              |           |
|   | operator required? Yes 🗆 I          | lo 🗆                             |  |   |                              |           |
|   | sheet for additional operation      | ion conditions, maintenance      | and reporting.   |   |                              |           |
| IV. Operation:  |                                     |                                  |  |   |                              |           |
| V. Other:   |                                     |                                  |  |   | 3                            |           |
| □ D-Box □   | Pump                                |                                  | _Alarm 🗆   | H20Line                                     |                              | PWR Line  |
| Following are the specifications for the sew            | age disposal system on the          | above captioned property.        |  |   |                              |           |
|   | Other Type III                      |                                  | Septic Tank: _   | •   |                              | gallons   |
| Subsurface No. of Drainage Field ditches 3              | exact leng                          | / 4                              | width of   | <b>3</b>                                    | depth of ditches 18"- 28"    | :1        |
| 8   | of each di                          | ch feet                          | ditches  | feet c                                      | ditches 18 - 28              | _ inches  |
| French Drain Required:                                  | Linear feet                         |                                  |  |   |                              |           |
| Authorized State Agent /                                | ho LEA                              | 15                               |  | Date 4- 14- 8                               | 2.5                          |           |