Harnett County Department of Public Health

PERMIT # SFD 2501- 0103	Operation Permit	
	\-	epair 🔲 Expansion
	PROPERTY LOCATION: 325 Graham Rd CFR 1	290)
Name: (owner) William Wester	SUBDIVISION	LOT #
System Installer: Larry Sharps		
	Bedrooms 3 (6 people)	
Type of Water Supply: Community Public	Well Distance from well feet	
System Type: Type III (In accordance with Table V a)	Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit rene	wal
(iii accordance with rable v a)	Santa must contact retain beparation of months prior to expiration for permit rene	mai.
This system has been installed in compliance with applicable North Caroli	na General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construct	on Authorization.
PERMIT CONDITIONS: I. Performance: System shall perform in accordance II. Monitoring: As required by Rule .1961.	1 1 20 25. 1 1 20 25. 1	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator require	d? Yes □ No 🗹	
	ional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
□ D-Box □	Pump	PWR Line
Following are the specifications for the sewage disposal sys		
Type of system: Conventional Other Z Subsurface No. of	exact length width of depth of	
Drainage Field ditches	of each ditch <u>232</u> feet ditches <u>3</u> feet ditches	24 inches
French Drain Required: Linear	eet	
Authorized State Agent	Ml d-REH Date 2-16-25	