Harnett County Department of Public Health

PERMIT # SFD 2501-0128

Operation Permit

	Mew Installation Septic Tank Nitrifica	ation Line 🗆 Repair 🗆 Expansion
T:	PROPERTY LOCATION: 7/1 Bulland A	ATT-100-11 1 4 4 T
Name: (owner) Jaims Taxertment	SUBDIVISION	LOT #
System Installer: Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well System Type:	3/6000010)	
Type of Water Supply: Community Public Well	Distance from well feet	
System Type.	Types Y and YI Systems expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to exp	iration for permit renewal.
This system has been installed in compliance with applicable North Carolina General St	atutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improve	ement Permit and Construction Authorization.
PERMIT CONDITIONS:	28 78' 25 10° 25	
I. 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	No 💢	
If yes, see attached sheet for additional oper IV. Operation:		
V. Other:		
□ D-Box Pum	p 🔀 Alarm 🗆	H20Line \Box PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.		
Type of system: Conventional Other 23 70 7.1 Subsurface No. of exact len		gallons Pump Tank: gallons depth of
	/	eet ditches inches
French Drain Required: Linear feet		
Authorized State Agent	L REHS Date	9-15-25