Harnett County Department of Public Health

PERMIT # SFD 2501-0129

Operation Permit

	New Installation Septic Tank M Nitrification Line Repair Expansi	on
Name: (owner) Jaime Inry TMENT	PROPERTY LOCATION: 691 Bulland Ad (SR 2196) SUBDIVISION Sand Hills Real ESTATA Holding LOT # 3	+
System Installer: Larry Charge		_
Basement with plumbing: Garage Mumber of Bedroom:	ns 3 (6 people)	
Type of Water Supply: Community Public Well	Il Distance from well feet	
System Type: Type TIT B	Types V and VI Systems expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Carolina General S	Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization,	
PERMIT CONDITIONS:	1 29' 1 40'	
I. Performance: System shall perform in accordance with Rule	le .1961.	
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes	No ₩	
	eration conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
	mp 🗶 Alarm 🗆 H20Line 🗆 PWR	Line
Following are the specifications for the sewage disposal system on the	See a support to the support of the	
Type of system: Conventional Other 252 / Other Subsurface No. of exact len	ength width of death of	ıns
Drainage Field ditches of each	ditch Z3Z feet ditches 3 feet ditches 18 inches	
French Drain Required: Linear feet		
Authorized State Agent	Le Ch 12EHS Date 9-11-25	